

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200 - 84216.5)

RECEIVED BY LOS ANGELES COUNTY 0/N 7-31 2007 AUG -1 AM 11 Date Stamp CALIFORNIA FORM 460 Page 1 of 5 For Official Use Only CAMPAIGN FINANCE DISCLOSURE SECTION

Statement covers period from 07/01/2006 through 12/31/2006

Date of Election If applicable: (Month, Day, Year)

1. Type of Recipient Committee:

- Officeholder, Candidate Controlled Committee
Ballot Measure Committee
State Candidate Election Committee
Primarily Formed
Recall
Controlled
Sponsored
General Purpose Committee
Sponsored
Small Contributor Committee
Primarily Formed Candidate Officeholder Committee
Political Party/Central Committee

2. Type of Statement:

- Pre-election Statement
Quarterly Statement
Semi-annual Statement
Special Odd-Year Report
Termination Statement
Supplemental Pre-election Statement - Attach Form 495
Amendment (Explain below)
To amend cover page, summary page & Sch.I

3. Committee Information

I.D. NUMBER 963101

COMMITTEE NAME Yaroslavsky In'98
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER Mary Ellen Padilla
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE
NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/30/07
Executed on 7/30/07
Executed on
Executed on

By Mary Ellen Padilla
By
By
By

Recipient Committee
Campaign Statement
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OF CANDIDATE
Zev Yaroslavsky

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
County Supervisor, District 3, L. A. County

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME <u>Yaroslavsky for Government Reform</u>	I.D. NUMBER <u>962917</u>
NAME OF TREASURER <u>Mary Ellen Padilla</u>	CONTROLLED COMMITTEE?
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME <u>Supervisor Yaroslavsky Officeholder</u>	I.D. NUMBER <u>983499</u>
NAME OF TREASURER <u>Mary Ellen Padilla</u>	CONTROLLED COMMITTEE?
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

Yaroslavsky in 2006
ID# 1278548

Friends of Zev Yaroslavsky
ID# 1233881