

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200 - 84216.5)

RECEIVED BY
LOS ANGELES COUNTY
Date Stamp
2007 AUG -1 AM 11:
CAMPAIN FINANCE DISCLOSURE SECTION

CALIFORNIA FORM **460**

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Statement covers period
from 03/18/2006
through 05/20/2006

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 Primarily Formed Candidate Officeholder Committee
 Sponsored
 Small Contributor 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 Summary page, Sch. E&F

3. Committee Information

I.D. NUMBER
983499

COMMITTEE NAME
Supervisor Yaroslavsky Officeholder

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 DATE
 Executed on 7/30/07 DATE
 Executed on _____ DATE
 Executed on _____ DATE

By Mary Ellen Padilla SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 By Yaroslavsky SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
 By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
 By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT