

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

Date Stamp
100...
2005 JUL -3 AM 9:00
CALIFORNIA STATE BOARD OF ELECTIONS

CALIFORNIA FORM 460

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A For Official Use Only

Statement covers period
from 01/01/2005
through 06/30/2005

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

1. Type of Recipient Committee:

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

2. Type of Statement:

- Pre-election Statement
Semi-annual Statement
Termination Statement
Amendment (Explain below)
Quarterly Statement
Special Odd-Year Report
Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
962917

COMMITTEE NAME
Yaroslavsky for Government Reform
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
STREET 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
STREET ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE
NAME OF ASSISTANT TREASURER, IF ANY
STREET 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 7/30/05
Executed on 7/30/05
Executed on
Executed on

By Mary Ellen Padilla
By Yaroslavsky
By
By

Recipient Committee  
 Campaign Statement  
 Cover Page - Part 2

**5. Officeholder or Candidate Controlled Committee    6. Ballot Measure Committee**

NAME OF OFFICEHOLDER OF CANDIDATE  
Zev Yaroslavsky

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Board of Supervisors, District 3, County

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

NAME OF BALLOT MEASURE

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

**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.*

**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
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COMMITTEE NAME <u>Yaroslavsky In'98</u>	I.D. NUMBER <u>963101</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	

**7. Primarily Formed 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

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	