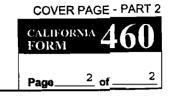
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ation affects items on the:	Summary Page
XX Part(s) P	<u>art 5</u>
s below. Include in detail all information in statement. Please attach a cover p le(s) to this Form 405 if necessary	bage, summary page and/or
on appropriately labeled continuation	n sheets.
tached)	
ated Committees not ir	ncluded in the

## Ill Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 rue and correct.

Executed on 10	0/24/05 DATE	At _	Los Angeles, CA	ву_/Ил	SIGNATURE OF TREASURER OR FILER
treasurer has us	ed all reasonable diligence	in pre		ne statement and t	: I have used all reasonable diligence and to the best of my knowledge the to the best of my knowledge the information contained herein is true and rup and correct.
Executed on _1			Los Angeles, CA CITY AND STATE	By	IGNATURE OF OFFICEHOLDER, CANDIDATE, PROPONENT, OR RESPONSIBLE OFFICER
Executed on		At _		Ву	
	DATE		CITY AND STATE		SIGNATURE OF OFFICE OLDER, CANDIDATE, OR PROPONENT
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	DATE		CITY AND STATE		SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
					Chain of California Eair Political Practices Commission

State of California Fair Pol



## Amendment Run Date: 10/17/2005

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

NAME OF OFFICEHOLDER OF CANDIDATE	NAME OF BALLOT MEASURE						
Zev Yaroslavsky							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLI	BALLOT NO. OR LETTER	BALLOT NO. OR LETTER JURISDICTION					
County Supervisor, District 3, Los Ang							
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	Identify the controlling officeholder, candidate, or state measure proponent, if any.						
· · · · · · · · · · · · · · · · · · ·		NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT					
Related Committees Not included in this Statement	: List any committees						
not included in this consolidated statement that are controlled by formed to receive contributions or to make expenditures on beha		OFFICE SOUGHT OR HELD		DIST	RICT NO. IF ANY		
	I.D. NUMBER						
Yaroslavsky In'98	963101	7. Primarily Formed Committee					
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD			
Mary Ellen Padilla					OPPOSE		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD			
					OPPOSE		
CITY STATE ZIP CI	DDE AREA CODE/PHONE	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD			
					OPPOSE		
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD			
Yaroslavsky for Government Reform	962917						
NAME OF TREASURER	CONTROLLED COMMITTEE?						
Mary Ellen Padilla			· .				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		_					
CITY STATE ZIP C	ODE AREA CODE/PHON	Ē					

Supervisor Yaroslavsky Officeholder ID# 983499 Mary Ellen Padilla (Treasurer)