

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200 - 84216.5)

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CAMPAIGN FINANCE DISCLOSURE SECTION

| | |
|--------------------------------|--|
| Statement covers period | Date of Election if applicable: |
| from <u>01/01/2005</u> | (Month, Day, Year) |
| through <u>12/31/2005</u> | <u>06/06/2006</u> |

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 schedule A and to indicate returned contributions.

3. Committee Information

I.D. NUMBER
1278548

COMMITTEE NAME

Yaroslavsky in 2006

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 2/28/06 DATE
Executed on 2/28/06 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

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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,

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 | I.D. NUMBER |
|--|-----------------------|
| Yaroslavsky In' 98 | 963101 |
| NAME OF TREASURER | CONTROLLED COMMITTEE? |
| Mary Ellen Padilla | |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | |
| CITY STATE ZIP CODE AREA CODE/PHONE | |

| COMMITTEE NAME | I.D. NUMBER |
|--|-----------------------|
| Yaroslavsky for Government Reform | 962917 |
| NAME OF TREASURER | CONTROLLED COMMITTEE? |
| Mary Ellen Padilla | |
| 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

SUPPORT
 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 |

Friends of Zev Yaroslavsky
ID#1233881

Supervisor Yaroslavsky Officeholder
ID#983499