		Les A Sign	A Camby	COVER PAGE			
Recipient Committee Campaign Statement Cover Page Government Code Sections 84200 - 84216.5)		1.05 / 1.50 mg		CALIFORNIA 460  Page 1 of 8			
	Statement covers period  from01/01/2006  through03/17/2006	Date of Election of applicable:  (Month, Day, Year)	Finance Section	A For Official Use Only			
1. Type of Recipient Committee:		2. Type of Statement:					
3. Committee Information  COMMITTEE NAME  Supervisor Yaroslavsky Officeholder  STREET ADDRESS (NO P.O. BOX)	1.D. NUMBER 983499	Treasurer(s)  NAME OF TREASURER MARY Ellen Padill MAILING ADDRESS  CITY	a STATE	ZIP CODE AREA CODE/PHONE			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	CODE AREA CODE/PHONE  CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER,  MAILING ADDRESS  CITY  OPTIONAL: FAX/E-MAIL ADDRESS	STATE	ZIP CODE AREA CODE/PHONE			
4. Verification I have used all reasonable diligence in preparing and reis true and complete. I certify under penalty of perjury to the secuted on	By SIGNATURE OF CONTROLLI	California that the foregoing is  SIGNATURE OF TREASURER O	true and correct.  R ASSISTANT TREASURER  MEASURE PROPONENT OR RES	PONSIBLE OFFICER OF SPONSOR			
DATE	SIGNA	TURE OF CONTROLLING OFFICEHOLDER,	CANDIDATE, STATE MEASURE	PROPONENT			

## Recipient Committee Campaign Statement Cover Page - Part 2

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CALIFO FORM	RNIA 4	<b>50</b>
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NAME OF OFFICEHOLDER OF CANDIDATE		NAME OF BALLOT MEASUR	RE				
Zev Yaroslavsky							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER JURISDICTION			SUPPORT		
Board of Supervisors, District 3, L. A. COUNTY					☐ OPP	OSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE		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	•	OFFICE SOUGHT OR HELD	<del></del> -		DISTRICT NO. IF A	NY	
formed to receive contributions or to make expenditures on beha	f of your candidacy.						
COMMITTEE NAME	I.D. NUMBER						
Yaroslavsky In'98	963101	7. Primarily Forn	ned Candidate	e/Officeholder Co	mmittee		
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOL		ELD	SUPPORT	
Mary Ellen Padilla					-	OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CANDIDATE OFF		OFFICE SOUGHT OR H		SUPPORT	
						OPPOSE	
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR H		SUPPORT	
	1				-	OPPOSE	
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR H		SUPPORT	
						•	
Yaroslavsky for Government Reform NAME OF TREASURER	962917 CONTROLLED COMMITTEE?					OPPOSE	
	GONTROLLED GOIMINITYTEE?						
Mary Ellen Padilla							
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)							
CITY STATE ZIP CO	DDE AREA CODE/PHONE	-					

Friends of Zev Yaroslavsky ID#1233881

Yaroslavsky in 2006 ID# 1278548