## Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200 - 84216.5)

CALIFORNIA / FORM

Committee   Ballot Measure Committee   Pre-election Statement   Quarterly Statement   Special Odd-Year Report   Septial Odd-Year Report   Septial Odd-Year Report   Septial Odd-Year Report   Septial Odd-Year Report   Supplemental Pre-election   Statement   Supplemental Pre-election   Statement - Attach Form 495   Amendment (Explain below)   Statement - Attach Form 495   To amend Summary Page and add Interest   To amend Summary Page and add Interest   To amend Summary Page and add Interest   Septial Page   State   Zip Code   AREA CODE/PHONE   Treasurer(s)   NAME OF TREASURER   Marry Bilen Pagilla   MAILING ADDRESS   STATE   Zip Code   AREA CODE/PHONE   CITY   STATE   Zip Code   AREA CODE/PHONE   STATE   Zip Code   AREA CODE/PHONE   CITY	30vernment Code Sections 84200 - 84216.5)		•	1	Page of		
through 06/30/2006  through 06/30/2006    COMPAGE   IMPRICE   COMMITTEE   IMPRICE   IM		Statement covers period	Date of Election if applicable:	707 AUS -1 AM 11: 15	A For Official Use Only		
Committee			(Month, Day, Year)	CAMPAIGN FINANCE			
Committee	. Type of Recipient Committee:	·	2. Type of Stateme	ent:			
Officeholder Committee    I.D. NUMBER	O Recall O	Primarily Formed Controlled	☐ Pre-election Statement ☐ Quarterly Statement ☐ Special Odd-Year Report ☐ Termination Statement ☐ Supplemental Pre-election ☐ Amendment (Explain below) ☐ Statement - Attach Form 495				
I 1233881  I PRASURER(S)  NAME OF TREASURER Mary Ellen Padilla MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  TREET OR P.O. BOX  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAXIE-MAIL ADDRESS  Ince in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached scheduler penalty of perjury under the laws of the State of California that the foregoing is true and correct.	<u>~</u>	=	10 amena Summ	ary rage and add it	illerest.		
NAME OF TREASURER  Mary Ellen Padilla  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  NAME OF ASSISTANT TREASURER, IF ANY  MAILING ADDRESS  STATE ZIP CODE AREA CODE/PHONE  CITY STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAXIE-MAIL ADDRESS  There is preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached scheduler penalty of perjury under the laws of the State of California that the foregoing is true and correct.	3. Committee Information		Treasurer(s)				
MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  STATE ZIP CODE AREA CODE/PHONE  MAILING ADDRESS  MAILING ADDRESS  MAILING ADDRESS  MAILING ADDRESS  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  CITY STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAX/E-MAIL ADDRESS  Ince in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached scheduler penalty of perjury under the laws of the State of California that the foregoing is true and correct.	COMMITTEE NAME						
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  Ince in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached scheduler penalty of perjury under the laws of the State of California that the foregoing is true and correct.	Friends of Zev Yaroslavsky			lla			
STATE ZIP CODE AREA CODE/PHONE  MAILING ADDRESS  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAXIE-MAIL ADDRESS  Tice in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached scheduler penalty of perjury under the laws of the State of California that the foregoing is true and correct.			MAILING ADDRESS				
NAME OF ASSISTANT TREASURER, IF ANY  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAX/E-MAIL ADDRESS  Tice in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached scheduler penalty of perjury under the laws of the State of California that the foregoing is true and correct.	STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZI	P CODE AREA CODE/PHONE		
STATE ZIP CODE AREA CODE/PHONE  CITY STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAX/E-MAIL ADDRESS  Tice in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached scheduler penalty of perjury under the laws of the State of California that the foregoing is true and correct.	CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TOFACING	ED IE ANIV			
STATE ZIP CODE AREA CODE/PHONE  CITY STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAX/E-MAIL ADDRESS  Tice in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached scheduler penalty of perjury under the laws of the State of California that the foregoing is true and correct.	MAILING ADDRESS (IE DIEFERENT) NO AND STREET OR B.O. BOY			n, 11 Att			
OPTIONAL: FAXIE-MAIL ADDRESS  Tice in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached scheduler penalty of perjury under the laws of the State of California that the foregoing is true and correct.	The state of the s		MAILING ADDRESS				
nce in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached scheduler penalty of perjury under the laws of the State of California that the foregoing is true and correct.	CITY STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE Z	IP CODE AREA CODE/PHONE		
nce in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached scheduler penalty of perjury under the laws of the State of California that the foregoing is true and correct.	OPTIONAL: FAX/E-MAIL ADDRESS		ORTIONAL: FAVE MAIL ADDRES				
ler penalty of perjury under the laws of the State of California that the foregoing is true and correct.			OPTIONAL: FAXE-MAIL ADDRES	5			
By SIGNATURE OF ASSISTANT TREASURER	OPTIONAL: FAX/E-MAIL ADDRESS  4. Verification I have used all reasonable diligence in preparing a	and reviewing this statement and	OPTIONAL: FAX/E-MAIL ADDRES  to the best of my knowledge of California that the foregoing	the information contained her is true and correct.	( )		
	Executed on DATE	By SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, STA	TE MEASURE PROPONENT OR RESPON	SIBLE OFFICER OF SPONSOR		
By SIGNATURE OF CONTROYLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR	Executed on	Byside	NATURE OF CONTROLLING OFFICE MOLE	DER, CANDIDATE, STATE MEASURE PRO	DPONENT		
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OF RESPONSIBLE OFFICER OF SPONSOR	Executed on	Ву			PROVERE		
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR  BY  SIGNATURE OF CONTROLLING OFFICE OLDER, CANDIDATE, STATE MEASURE PROPONENT  BY	DATE	SIG	NATURE OF CONTROLLING OFFICEHOLD	DER, CANDIDATE, STATE MEASURE PRO	DPONENT		

## Recipient Committee Campaign Statement Cover Page - Part 2

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CALIFO FORM	RNIA 46	50
Page	2 of	4

NAME OF OFFICEHOLDER OF CANDIDATE		NAME OF BALLOT MEASURE				
čev Yaroslavsky						
FFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPL	ICABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT	
County Supervisor, District 3, Los Angeles County					OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE		Identify the controlling officeholder, candidate, or state measure proponent, if any.				
<del></del>		NAME OF OFFICEHOLDER,	CANDIDATE, OR PROPO	NENT		
Related Committees Not Included in this Statemen	•					
not included in this consolidated statement that are controlled by formed to receive contributions or to make expenditures on beh	•	OFFICE SOUGHT OR HELD		Dis	STRICT NO. IF ANY	
COMMITTEE NAME	I.D. NUMBER	7 10 1 10 21 15 1	1 0	/Office balder Com		
Yaroslavsky In'98	963101	7. Primarily Forn	ned Candidate	e/Officeholder Com	mittee	
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT	
Mary Ellen Padilla					☐ OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CANDIDATE OFFICE		OFFICE SOUGHT OR HELD	CE SOUGHT OR HELD SUPPOR	
					☐ OPPOSE	
CITY STATE ZIP (	CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE O		OFFICE SOUGHT OR HELI	D SUPPORT	
					OPPOSE	
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELI	D SUPPOR	
Yaroslavsky for Government Reform	962917				☐ OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE?	<del></del>				
Mary Ellen Padilla						
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		•				
CITY STATE ZIP	CODE AREA CODE/PHONE	_				