Recipient Committee Campaign Statement

Recipient Committee Campaign Statement Cover Page Government Code Sections 84200 - 84216.5)			Date Stamp TEUNED OS ANGELES (CALIFORNIA 460 COUNTY Page 1 of 4
	Statement covers period	Date of Election if applicable:	2017 AUG -1 AM	1 / : 14 A For Official Use Only
	from <u>01/01/2006</u>	(Month, Day, Year)	_CAMPAIGN FINA	MAE
•	through <u>03/17/2006</u>		CAMPAIGN FINA DISCLOSURE SEC	TION
1. Type of Recipient Committee:		2. Type of Statemen		
O Recall O Cor O Spo ☐ General Purpose Committee O Sponsored ☐ Primar	narily Formed	☑ Pre-election Staten ☐ Semi-annual Staten ☐ Termination Staten ☑ Amendment (Expla To amend Cover	ment \square	Ouarterly Statement Special Odd-Year Report Supplemental Pre-election Statement - Attach Form 495 page & Sch.I
3. Committee Information	I.D. NUMBER 963101	Treasurer(s)		
COMMITTEE NAME		NAME OF TREASURER		
Yaroslavsky In'98		Mary Ellen Padill MAILING ADDRESS	<u>a</u>	<u> </u>
STREET ADDRESS (NO P.O. BOX)	-	CITY	STATE	ZIP CODE AREA CODE/PHONE
CITY STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, II	F ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
	CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL ADDRESS		
4. Verification I have used all reasonable diligence in preparing and r is true and complete. I certify under penalty of perjury to the secuted on Executed on DATE Executed on DATE	By SIGNATURE OF CONTROLLS By	California that the foregoing is the California that the foregoing is the California that the Calif		ONSIBLE OFFICER OF SPONSOR

Recipient Committee Campaign Statement Cover Page - Part 2

COVE	R PAGE - P	ART 2
CALIFO FORM	RNIA 4	50
Page	² of	4

Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OF CANDIDATE		NAME OF BALLOT MEASURE				
Zev Yaroslavsky				•		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) County Supervisor, District 3, L. A. County		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT	
					☐ OPPOSE	
ESIDENTIAL/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 Statemen	t: 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		DIS	STRICT NO. IF ANY	
COMMITTEE NAME	I.D. NUMBER					
Yaroslavsky for Government Reform	962917	7. Primarily Formed Candidate/Officeholder Committee				
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICÉ SOUGHT OR HELD	SUPPORT	
Mary Ellen Padilla	<u> </u>				☐ OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT	
					☐ OPPOSE	
CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT	
					OPPOSE	
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT	
Supervisor Yaroslavsky Officeholder	983499				OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE?					
Mary Ellen Padilla					·	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		•				
CITY STATE ZIP C	CODE AREA CODE/PHONE					
CITY STATE ZIP C	CODE AREA CODE/PHONE					

Friends of Zev Yaroslavsky ID# 1233881

Yaroslavsky in 2006 ID# 1278548