				COVER PAGE			
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200 - 84216.5)			Date Stamp HECEVED BY ! OS ANGELES COU	Page 1 of 4			
	Statement covers period	Date of Election if applicable:	2007 AUG -1 AN 11	: 5 A For Official Use Only			
	from03/18/2006	(Month, Day, Year)	CAMPAIGN FINAN(ĵ,			
	through 05/20/2006		DISCLOSURE SECT				
1. Type of Recipient Committee:		2. Type of Stateme	nt:				
 Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall General Purpose Committee Sponsored Primarily Formed Candidate Small Contributor Committee Political Party/Central Committee 		 ✓ Pre-election Statement ☐ Quarterly Statement ☐ Semi-annual Statement ☐ Special Odd-Year Report ☐ Termination Statement ☐ Supplemental Pre-election ☑ Amendment (Explain below) ☐ Statement - Attach Form 495 ☐ To amend Cover page, summary page and Sch.I 					
3. Committee Information	1.D. NUMBER 963101	Treasurer(s)	· · · · · · · · · · · · · · · · · · ·				
COMMITTEE NAME		NAME OF TREASURER					
Yaroslavsky In'98		Mary Ellen Padil	La				
STREET ADDRESS (NO P.O. BOX)			STATE Z	IP CODE AREA CODE/PHONE			
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER	IF ANY				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS					
CITY STATE	ZIP CODE AREA CODE/PHONE		STATE Z	ZIP CODE AREA CODE/PHONE			
OFTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL ADDRESS		()			

4. Verification

1

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 pregoing is true and correct.

Executed on	Bv	Manshell Padille
Executed on 7/30/07-	By	SIGNATURE OF TREATURER OF ASSISTANT TREASURER
Executed onDATE	Ву	SIGNATURE OF CONTROLLING OFFIC HOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on	Ву	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
S/CCW - PCAB03 01439 (Rev. January/05)		State of California Fair Political Practices Commission.

COVER PAGE - PART 2

CALIFORN FORM	<u>м 46</u>	0
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Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OF CANDIDATE	NAME OF BALLOT MEASUR	NAME OF BALLOT MEASURE				
Zev Yaroslavsky						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION			
County Supervisor, District 3, L. A. County					OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP CODE	Identify the controll	Identify the controlling officeholder, candidate, or state measure proponent			
		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT				
Related Committees Not Included in this Statemen not included in this consolidated statement that are controlled b formed to receive contributions or to make expenditures on beh	y you or which are primarily	OFFICE SOUGHT OR HELD	,	DISTR	CT NO. IF ANY	
	I.D. NUMBER					
Yaroslavsky for Government Reform	962917	7. Primarily Formed Candidate/Officeholder Committee				
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD		
Mary Ellen Padilla						
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD		
CITY STATE ZIP C	CODE AREA CODE/PHON	E NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD		
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD		
Supervisor Yaroslavsky Officeholder	983499					
NAME OF TREASURER	CONTROLLED COMMITTEE?					
Mary Ellen Padilla		*				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	4	_				
CITY STATE ZIP (CODE AREA CODE/PHON	IE				
Friends of Zev Yaroslavsky	Yaroslavsky	in 2006				
ID# 1233881	ID# 1278548	· ·				