| Recipient Committee | | _ | | | COVER PAGE | | |
|--|---|---|--------------------|--------------------|---|--|--|
| Campaign Statement | nk. | Received tryp Acceles Count | 200 | ORNIA 460 | | | |
| G SEMI-ANNUAL | Statement course ported | Date of standing if any limited | Wilhows Conti | 1/7 | | | |
| ORIGINAL | Statement covers period from01/01/2004 | Date of election if applicable; (Month, Day, Year) | NIIG -2 PM 1:5 | F0 | or Official Use Only | | |
| SEE INSTRUCTIONS ON REVERSE | through 06/30/2004 | 06/05/1998 | npaign Finance | | 4909 | | |
| 1. Type of Recipient Committee: All Comm | nittees - Complete Parts 1,2,3, and 4. | 2. Type of Statemer | | | | | |
| Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5.) General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee | Ballot Measure Committee O Primary Formed O Controlled O Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.) | Pre-election Statement Statement Statement (Explain | ent nent ent | Special O Suppleme | Statement odd-Year Report ental Preelection at - Attach Form 49° | | |
| 3. Committee Information | I.D.NUMBER 963101 | Treasurer(s) | | | | | |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTY YAROSLAVSKY IN '98 | TEE | NAME OF TREASURER Seymour Lauretz | | | | | |
| STREET ADDRESS (NO P.O. BOX) | | MAILING ADDRESS | | | | | |
| CITY STATE ZIP (| CODE AREA CODE/PHONE | сіту | STATE | ZIP CODE | AREA CODE/PHONE | | |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P. | O. BOX | NAME OF ASSISTANT TREASUR | ER, IF ANY | | | | |
| CITY STATE ZIP (| CODE AREA CODE/PHONE | MAILING ADDRESS | | | | | |
| OPTIONAL: FAX/E-MAIL ADDRESS | | CITY | STATE | ZIP CODE | AREA CODE/PHONE | | |
| | | OPTIONAL: FAX/E-MAIL ADDRES | SS - | | ned vale | | |
| Executed on 07/26/2004 By SIGNATURE OF DATE Executed on DATE DATE DATE By SIGNATURE OF DATE | | RASSISTANT TREASURER REASURE PROPONENT OR RESPONSIBLE OF | officer of sponsor | | attached schedules | | |
| Executed on By | SIGNATURE OF CONTROLLING OFFICEHOLDER | R, CANDIDATE, STATE MEASURE PROPONENT | | | Helpline: 866/ASK-FPPC State of California | | |

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA 460

2/7

| Officeholder or Candidate Controlled Committee | | | 6. Ballot Measure Committee | | | | | |
|---|-----------------------|--------------------------------|-----------------------------|---------------------------------|----------------|----------------|-------------------|-----------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE ZEV YAROSLAVSKY | | | | NAME OF BALLOT MEASURE | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Held: County Supervisor County | | | | BALLOT NO. OR LETTER | JURISDICTIO | N | | SUPPORT OPPOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT | TY : | STATE ZIP | | Identify the controlling office | eholder, candi | date, or state | measure propo | nent, if any. |
| · | . <u>-</u> | | | NAME OF OFFICEHOLDER, CAI | NDIDATE, OR PE | ROPONENT | | 7 |
| Related Committees Not Included in this State not included in this statement that are controlled by you or are contributions or to make expenditures on behalf of your candid | primarily formed | any committees I to receive | | OFFICE SOUGHT OR HELD | <u> </u> | | DISTRICT NO. IF | ANY |
| COMMITTEE NAME FRIENDS OF ZEV YAROSLAVSKY | I.D.NUMBER 1233881 | | 7. | Primarily Formed C | | List names | of officeholder(s |) or candidate(s) for |
| NAME OF TREASURER Seymour Lauretz | CONTROLLED X YES | COMMITTEE? | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOU | IGHT OR HELD | SUPPORT OPPOSE |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BC | OX) | | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOU | IGHT OR HELD | SUPPORT |
| CITY STATE ZIP CO | ODE A | REA CODE/PHONE | | | | | | ☐ OPPOSE |
| COMMITTEE NAME SUPERVISOR YAROSLAVSKY OFFICEHOLDER | I.D.NUMBER 983499 | | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOU | IGHT OR HELD | SUPPORT OPPOSE |
| NAME OF TREASURER SEYMOUR LAURETZ | CONTROLLED X YES | COMMITTEE? | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOL | JGHT OR HELD | SUPPORT OPPOSE |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BO | OX) | | | | | | | |
| CITY STATE ZIP C | ODE A | REA CODE/PHONE | | Attacl | n continuation | sheets if nec | essary | |

| Recipient Con | nmittee |
|---------------|---------|
| Campaign Sta | temen |
| Cover Page - | Part 2 |

COVER PAGE - PART 2

CALIFORNIA 460

FORM

3/7

| 5 | Officeholder or | Candidate | Controlled | Committee |
|----|-----------------|------------|------------|-----------|
| J. | Officendiaer of | Calluluate | Controlled | Commutee |

| not included in this statement that are controlled by you or are primarily formed to recei contributions or make expenditures on behalf of your candidacy. | | _ | | | | |
|--|-------|----------|---------------------|------------|--|--|
| COMMITTEE NAME | | | I.D.NUMBER | I.D.NUMBER | | |
| YAROSLAVSKY FOR GOVERNMENT REFORM | | | 962917 | | | |
| NAME OF TREASURER | | | CONTROLLED COMMITTE | EE? | | |
| Seymour Lauretz | | | X YES | □ NO | | |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX) | | | | | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE | | | |