

Recipient Committee Campaign Statement

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SEMI-ANNUAL ORIGINAL

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CALIFORNIA 2001/02 FORM 460 1/7 For Official Use Only 010566 #C04909

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 01/01/2004 through 06/30/2004

Date of election if applicable: 06/05/1998

- 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4. [X] Officeholder, Candidate Controlled Committee...

- 2. Type of Statement: [X] Semi-annual Statement [] Quarterly Statement...

3. Committee Information I.D. NUMBER 963101 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) YAROSLAVSKY IN '98

Treasurer(s) NAME OF TREASURER Seymour Lauretz MAILING ADDRESS

4. Verification I have used all reasonable diligence in preparing and reviewing this statement... Executed on 07/26/2004 By Seymour Lauretz...

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COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
ZEV YAROSLAVSKY

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Held: County Supervisor
County

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME FRIENDS OF ZEV YAROSLAVSKY	I.D. NUMBER 1233881
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NAME OF TREASURER Seymour Lauretz	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME SUPERVISOR YAROSLAVSKY OFFICEHOLDER	I.D. NUMBER 983499
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NAME OF TREASURER SEYMOUR LAURETZ	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

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5. Officeholder or Candidate Controlled Committee

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME YAROSLAVSKY FOR GOVERNMENT REFORM		I.D. NUMBER 962917	
NAME OF TREASURER Seymour Lauretz		CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE