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				HEDENBO NY	COVER PAGE		
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200 - 84216.5)				OS Date Stamp	CALIFORNIA 460 Page 1 of 5		
		Statement covers period from $05/21/2006$ through $06/30/2006$	Date of Election if applicable: (Month, Day, Year)	Campaign Financ Disclosure Section	A For Official Use Only		
1. Type of Recipient Committee:			2. Type of Statemen	it:	4		
Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall  General Purpose Committee	O Prir O Cor O Spo	Measure Committee marily Formed introlled posored ily Formed Candidate molder Committee	☐ Pre-election Staten	nent Qua ment Spe nent Sup	rterly Statement cial Odd-Year Report plemental Pre-election ement - Attach Form 495		
3. Committee Information		I.D. NUMBER 983499	Treasurer(s)				
COMMITTEE NAME Supervisor Yaroslavsky Officel STREET ADDRESS (NO P.O. BOX)	nolder	:	Mary Ellen Padill Mailing Address	-			
CITY STATE	ZIP	CODE AREA CODE/PHONE	CITY	STATE ZIP CC	DE AREA CODE/PHONE		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	ox .		NAME OF ASSISTANT TREASURER, I	FANY			
			MAILING ADDRESS				
CITY STATE	ZIP	CODE AREA CODE/PHONE	CITY	STATE ZIP CC	DDE AREA CODE/PHONE		
OPTIONAL: FAX/E-MAIL ADDRESS ( ) - /			OPTIONAL: FAX/E-MAIL ADDRESS		( )		
4. Verification I have used all reasonable diligence in preparing is true and complete. I certify under penalty of  Executed on 7/3/06  DATE			California that the foregoing is t	true and correct.	and in the attached schedules		
Executed on	-	By SIGNATURE OF CONTROLLIN	NG OFFICEHOLDER, CANDIDATE, STATE N	EASURE PROPONENT OR RESPONSIBLE	OFFICER OF SPONSOR		

SANATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

S/CCW - PCAB03 01439 (Rev. January/05)

DATE

Ву

Executed on .

Executed on .

State of California Fair Political Practices Commission.

## Recipient Committee Campaign Statement Cover Page - Part 2

COVE	PAGE - P	ART 2
CALIFO FORM	RNIA 46	<b>50</b>
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AME OF OFFICEHOLDER OF CANDIDATE		NAME OF BALLOT MEASUR	E					
ev Yaroslavsky								
FFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APP	LICABLE)	BALLOT NO. OR LETTER JURISDICTION		TION		SUPPORT		
oard of Supervisors, District 3, L.					OPPOSE			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE		Identify the controlling officeholder, candidate, or state measure proponent, if any.  NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT						
lelated Committees Not Included in this Stateme	•							
not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD			DISTRICT NO. IF ANY			
OMMITTEE NAME	I.D. NUMBER							
aroslavsky In'98	963101	7. Primarily Formed Candidate/Officeholder Committee						
AME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR H	HELD	SUPPORT		
Mary Ellen Padilla						OPPOSE		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CANDIDATE OF		OFFICE SOUGHT OR H	OFFICE SOUGHT OR HELD			
						OPPOSE		
ITY STATE ZIP	CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD		SUPPORT		
						OPPOSE		
OMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD		SUPPORT		
Maroslavsky for Government Reform	962917					OPPOSE		
IAME OF TREASURER	CONTROLLED COMMITTEE?							
Mary Ellen Padilla				•				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		-						
•								
		-						