## **COVER PAGE Recipient Committee** CALIFORNIA **Campaign Statement FORM Cover Page** (Government Code Sections 84200 - 84216.5) Date of Election if applicable ( ampaig Statement covers period A For Official Use Only 05/21/2006 (Month, Day, Year) 06/30/2006 1. Type of Recipient Committee: 2. Type of Statement: ☑ Officeholder, Candidate Controlled Committee ☐ Ballot Measure Committee ☐ Pre-election Statement ☐ Quarterly Statement O Primarily Formed ■ Semi-annual Statement ☐ Special Odd-Year Report O State Candidate Election Committee O Recall O Controlled ☐ Termination Statement ☐ Supplemental Pre-election O Sponsored ☐ Amendment (Explain below) Statement - Attach Form 495 ☐ General Purpose Committee O Sponsored ☐ Primarily Formed Candidate O Small Contributor Committee Officeholder Committee O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 963101 COMMITTEE NAME NAME OF TREASURER Mary Ellen Padilla Yaroslavsky In'98 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/DUONE 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 CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX/E-MAIL ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS (323) 655-4068/ 4. Verification 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 foregoing is true and correct. Executed on SIGNATURE OF TREASURER OR ASSISTANT TREASURER OLLING OFFICEHOLDES CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR Executed on

SIGNATURE OF COM ROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on

## Recipient Committee Campaign Statement Cover Page - Part 2

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NUE OF OFFICE ION DEP OF CAMPUTATE					
AME OF OFFICEHOLDER OF CANDIDATE		NAME OF BALLOT MEASUR	RE		
ev Yaroslavsky					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO, OR LETTER	JURISDICTION		SUPPORT
County Supervisor, L. A. County					OPPOSE
ESIDENTIAL/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		NENT	
Related Committees Not Included in this Statemen	nt: List any committees				
ot included in this consolidated statement that are controlled b	y you or which are primarily	OFFICE SOUGHT OR HELD	<del></del>		DISTRICT NO. IF ANY
ormed to receive contributions or to make expenditures on bel	nalf of your candidacy.				
OMMITTEE NAME	I.D. NUMBER				
Maroslavsky for Government Reform	962917	7. Primarily Formed Candidate/Officeholder Committee			
AME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HI	ELD SUPPORT
Mary Ellen Padilla					OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT
					OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER	OFFICE SOUGHT OF		ELD SUPPORT
					☐ OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR H	
Supervisor Yaroslavsky Officeholder	983499				☐ OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?				
Mary Ellen Padilla					
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		-			
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