

**Recipient Committee  
Campaign Statement**

(Government Code Sections 84200 - 84216.5)

**PRIMARY  
2<sup>nd</sup> FILING  
ORIGINAL**

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 Los Angeles County  
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**A For Official Use Only**  
 Campaign Finance Disclosure Section

Statement covers period  
 from 01/18/2004  
 through 02/14/2004

Date of Election if applicable:  
 (Month, Day, Year)  
03/02/2004

**1. Type of Recipient Committee:**

Officeholder, Candidate Controlled Committee  
 State Candidate Election Committee  
 Recall

General Purpose Committee  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee

Ballot Measure Committee  
 Primarily Formed  
 Controlled  
 Sponsored

Primarily Formed Candidate Officeholder Committee

**2. Type of Statement:**

Pre-election Statement  
 Semi-annual Statement  
 Termination Statement  
 Amendment (Explain below)

Quarterly Statement  
 Special Odd-Year Report  
 Supplemental Pre-election Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1261592

COMMITTEE NAME  
PATCHETT FOR DISTRICT ATTORNEY

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

OPTIONAL: FAX/E-MAIL ADDRESS  
[REDACTED]

**Treasurer(s)**

NAME OF TREASURER  
Renita Lloyd- Smith

STREET ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY  
[REDACTED]

STREET ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

OPTIONAL: FAX/E-MAIL ADDRESS  
[REDACTED]

**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 02/17/2004 By [Signature]  
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 02/17/2004 By [Signature]  
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee  
 Campaign Statement  
 Cover Page - Part 2

**5. Officeholder or Candidate Controlled Committee** **6. Ballot Measure Committee**

NAME OF OFFICEHOLDER OF CANDIDATE

Anthony G. Patchett

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

District Attorney, County of Los Angeles

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

[REDACTED ADDRESS]

**Related Committees Not Included in this Statement:** *List any committees 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.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT

OPPOSE

**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

**7. Primarily Formed Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE