

Recipient Committee Campaign Statement

PRIMARY 1ST FILING ORIGINAL

1/24 Date Stamp 650

CALIFORNIA FORM 460 Page 1 of 3 A For Official Use Only 015368 CO 6896

Statement covers period from 01/01/2004 through 01/17/2004 Date of Election if applicable: (Month, Day, Year) 03/02/2004

1. Type of Recipient Committee: [X] Officeholder, Candidate Controlled Committee [ ] Ballot Measure Committee [ ] General Purpose Committee [ ] Sponsored [ ] Small Contributor Committee [ ] Political Party/Central Committee [ ] Primary Formed [ ] Controlled [ ] Sponsored [ ] Primary Formed Candidate Officeholder Committee

2. Type of Statement: [X] 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 ID NUMBER 1261592 COMMITTEE NAME PATCHETT FOR DISTRICT ATTORNEY STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE STREET ADDRESS (IF DIFFERENT) NO AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL FAX/E-MAIL ADDRESS

Treasurer(s) NAME OF TREASURER Renita Lloyd-Smith STREET ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY STREET ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL FAX/E-MAIL ADDRESS

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 01/20/2004 DATE By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER Executed on 01/20/2004 DATE By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT Executed on DATE By 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    ID NUMBER

NAME OF TREASURER    CONTROLLED COMMITTEE?

COMMITTEE ADDRESS    STREET ADDRESS (NO P O BOX)

CITY    STATE    ZIP CODE    AREA CODE/PHONE

COMMITTEE NAME    ID 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	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> 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

NAME OF OFFICEHOLDER OR CANDIDATE    OFFICE SOUGHT OR HELD     SUPPORT

NAME OF OFFICEHOLDER OR CANDIDATE    OFFICE SOUGHT OR HELD     SUPPORT

NAME OF OFFICEHOLDER OR CANDIDATE    OFFICE SOUGHT OR HELD     SUPPORT

- OPPOSE
- OPPOSE
- OPPOSE
- OPPOSE