**Recipient Committee**
**Campaign Statement**
**Cover Page**
(Government Code Sections 84200-84216.5)

**Type or print in ink.**

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>Date of election if applicable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 01/20/2013</td>
<td>(Month, Day, Year)</td>
</tr>
<tr>
<td>through 02/16/2013</td>
<td>06/05/2012</td>
</tr>
</tbody>
</table>

**Date Stamp**
**LOS ANGELES CITY ETHICS COMMISSION**

**Page 1 of 5**
**For Official Use Only**

---

### 1. Type of Recipient Committee:
- **All Committees** - Complete Parts 1, 2, 3, and 4.
  - [x] Officeholder, Candidate Controlled Committee
  - [ ] State Candidate Election Committee
  - [ ] Recall
  - **[ ]** Primarily Formed Ballot Measure Committee
  - [ ] Controlled
  - [ ] Sponsored
  - **[ ]** Primarily Formed Candidate/Officeholder Committee
  - [ ] Small Contributor Committee
  - [ ] Political Party/Central Committee

### 2. Type of Statement:
- [x] Prelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
  - (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)

---

### 3. Committee Information
- **ID NUMBER**: 1138122
- **Committee Name (or Candidate's Name if No Committee)**: Carmen Trutanich For District Attorney 2012

<table>
<thead>
<tr>
<th>STREET ADDRESS (NO P.O. BOX)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**STREET ADDRESS**: Sacramento, CA 95841

**MAILING ADDRESS**: Sacramento, CA 95841

- **CITY**: Sacramento
- **STATE**: CA
- **ZIP CODE**: 95841
- **AREA CODE/PHONE**: 916-348-9100

**MAILING ADDRESS**: Sacramento, CA 95841

- **CITY**: Sacramento
- **STATE**: CA
- **ZIP CODE**: 95841
- **AREA CODE/PHONE**: 916-348-9100

**OPTIONAL**: FAX / E-MAIL ADDRESS

- **916-348-9211**

### 4. Verification
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge, and belief, and in the attached schedules is true and complete, I certify that under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**Executed on**: 02/21/2013

**Treasurer(s)**
- **NAME OF TREASURER**: Rita Copeland

**MAILING ADDRESS**
- **CITY**: Sacramento
- **STATE**: CA
- **ZIP CODE**: 95841
- **AREA CODE/PHONE**: 916-348-9100

**NAME OF ASSISTANT TREASURER, IF ANY**

**MAILING ADDRESS**

**OPTIONAL**: FAX / E-MAIL ADDRESS

---

**FPPC Form 460 (January/06)**
**FPPC Toll-Free Helpline**: 866/ASK-FPPC (866/275-3772)
**State of California**
### 5. Officeholder or Candidate Controlled Committee

**NAME OF OFFICER OR CANDIDATE:**
Carmen Trutanich

**OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE):**
District Attorney
Los Angeles County

**RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP:**
Sacramento, CA 95841

**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:**
Trutanich Office Holder

**NAME OF TREASURER:**
Rita Copeland

**CONTROLED COMMITTEE?**
☑ YES ☐ NO

### 6. Primarily Formed Ballot Measure Committee

**NAME OF BALLOT MEASURE:**

**BALLOT NO. OR LETTER**

**JURISDICTION**

☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

**NAME OF OFFICER, CANDIDATE, OR PROponent**

**OFFICE SOUGHT OR HELD**

**DISTRICT NO. IF ANY**

### 7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

**COMMITTEE NAME:**
Trutanich For City Attorney 2013

**L.D. NUMBER:**
1350069

**NAME OF TREASURER:**
Rita Copeland

**CONTROLED COMMITTEE?**
☑ YES ☐ NO

**COMMITTEE ADDRESS**

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

**CITY**
Sacramento, CA 95841

**STATE**

**ZIP CODE**
916-348-9100

**AREA CODE/PHONE**

**NAME OF OFFICER, CANDIDATE, OR PROponent**

**OFFICE SOUGHT OR HELD**

☐ SUPPORT ☐ OPPOSE

**SIGNATURE**

**TITLE OR OFFICE HELD**

**DATE**

### Attach continuation sheets if necessary
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Carmen Trutanich

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
District Attorney
Los Angeles County

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Sacramento, CA 95841

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trutanich Legal Defense Fund</td>
<td>1353791</td>
</tr>
</tbody>
</table>

NAME OF TREASURER
Rita Copeland

CONTROLLED COMMITTEE?
☑ YES ☐ NO

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

IDENTIFY THE CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT, IF ANY.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT</th>
</tr>
</thead>
</table>

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
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<tbody>
<tr>
<td></td>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
## Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$0.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$77.50</td>
</tr>
<tr>
<td>Loans Made</td>
<td>Schedule F, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$77.50</td>
</tr>
<tr>
<td>Acrued Expenses (Unpaid Bills)</td>
<td>Schedule G, Line 3</td>
<td>$340.67</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>Schedule H, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$418.17</td>
</tr>
</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$1,004.68</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$0.00</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$0.00</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$77.80</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
</tr>
</tbody>
</table>

*If this is a termination statement, Line 16 must be zero.*

## Expenditure Limit Summary for State Candidates

22. **Cumulative Expenditures Made**

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.*

## Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>See Instructions on reverse</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
</tr>
</tbody>
</table>
### Schedule E Payments Made

**See Instructions on Reverse**

**NAME OF FILER**

Carmen Trutanich For District Attorney 2012

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- **CMP** campaign paraphernalia/misc.
- **CNS** campaign consultants
- **CTB** contribution (explain nonmonetary)*
- **CVC** civic donations
- **FIL** candidate filing/ballot fees
- **FND** fundraising events
- **IND** independent expenditure supporting/opposing others (explain)*
- **LEG** legal defense
- **LT** campaign literature and mailings

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYER (IF COMMITTEE, ALSO ENTER LD. NUMBER)</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
</table>

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ................................................................. $ 0.00

2. Unitized payments made this period of under $100 ........................................................................................................... $ 77.50

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ................................................ $ 0.00

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ................ $ 77.50

**SUBTOTAL $** 0.00

---

**FPPC Form 460 (January/05)**

FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)

www.netfile.com
## Schedule F
### Accrued Expenses (Unpaid Bills)

**NAME OF FILER**
Carmen Trutanich For District Attorney 2012

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
- CMP campaign paraphernalia/misc.
- CNE campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- RND fundraising events
- ИD independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers’ salaries
- TEL I.V. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSP transfer between committees of the same candidate/spONS campaign consultants

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shalman Communications</td>
<td>TEL Amount Disputed</td>
<td>112,000.00</td>
<td>0.00</td>
<td>0.00</td>
<td>112,000.00</td>
</tr>
<tr>
<td>Encino, CA 91436</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silver City Business Services</td>
<td>PRO</td>
<td>0.00</td>
<td>340.67</td>
<td>0.00</td>
<td>340.67</td>
</tr>
<tr>
<td>Sacramento, CA 95814</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Payments that are contributions or independent expenditures must also be summarized on Schedule B.*

**SUBTOTALS** $112,000.00 $340.67 $0.00 $112,340.67

### Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.)

```
INCURRED TOTALS $340.67
```

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.)

```
PAID TOTALS $0.00
```

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

```
NET $340.67
```

---

FPPC Form 460 (January/05)
FPPC Toll-Free Hotline: 866/ASK-FPPC (866/275-3772)