# Campaign Statement

**Recipient Committee**

**Campaign Statement Cover Page**

(Government Code Sections 84200-84216.5)

---

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>Date of election if applicable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 05/05/2013</td>
<td>(Month, Day, Year)</td>
</tr>
<tr>
<td>through 05/15/2013</td>
<td>06/05/2012</td>
</tr>
</tbody>
</table>

---

1. **Type of Recipient Committee:**
   - All Committees -- Complete Parts 1, 2, 3, and 4.
   - Boxed: Officeholder, Candidate Controlled Committee
     - State Candidate Election Committee
     - Recall (Also Complete Part 6)
   - Primarily Formed Ballot Measure Committee
     - Controlled
     - Sponsored (Also Complete Part 8)
   - General Purpose Committee
     - Sponsored
     - Small Contributor Committee
     - Political Party/Central Committee
   - Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. **Type of Statement:**
   - Preelection Statement
   - Semi-annual Statement
   - Termination Statement (Also file a Form 410 Termination)
   - Amendment (Explain below)
     - Quarterly Statement
     - Special Odd-Year Report
     - Supplemental Preelection Statement - Attach Form 495

3. **Committee Information**

<table>
<thead>
<tr>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>3138122</td>
</tr>
</tbody>
</table>

   **COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)**
   
   Carmen Trutanich For District Attorney 2012

   **STREET ADDRESS (NO P.O. BOX)**
   
   Sacramento, CA 95841

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

   **MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX**
   
   CITY
   
   STATE  ZIP CODE  AREA CODE/PHONE
   
   Optional: FAX / E-MAIL ADDRESS
   
   916-348-9111

4. **Verification**

   I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge, information, and belief, the statements and attached schedules are 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 05/17/2013

   By (Signature of Controlling Officerholder, Candidate, State Measure Proponent)

   Executed on 05/17/2013

   By (Signature of Controlling Officerholder, Candidate, State Measure Proponent)

   Executed on

   By

   Executed on

   By

   Executed on

   By

---

**Treasurer(s)**

**NAME OF TREASURER**

Rita Constand

**MAILING ADDRESS**

SACRAMENTO, CA 95841

**CITY**

STATE  ZIP CODE  AREA CODE/PHONE

Sacramento, CA 95841  916-348-9100

**NAME OF ASSISTANT TREASURER, IF ANY**

**MAILING ADDRESS**

**CITY**

STATE  ZIP CODE  AREA CODE/PHONE

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

916-348-9111

---

**State of California**

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

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

www.netfile.com
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>Carmen Trutanich</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>District Attorney</td>
</tr>
<tr>
<td></td>
<td>Los Angeles County</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP</td>
<td>Sacramento, CA 95841</td>
</tr>
</tbody>
</table>

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 Office Holder</td>
<td>1301975</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER JURISDICTION</td>
</tr>
<tr>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

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

| NAME OF OFFICERHOOLDERS, CANDIDATE, OR PROPONEENT |
| 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>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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

NAME OF OFFICERHOLDER 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 Legal Defense Fund

I.D. NUMBER
1353791

NAME OF TREASURER
Rita Copeland

CONTROLLED COMMITTEE?
☑ YES ☐ NO

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

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

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 OFFICERHOLDER, CANDIDATE, OR PROPOSER

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 General 2013

I.D. NUMBER
1356111

NAME OF TREASURER
Rita Copeland

CONTROLLED COMMITTEE?
☑ YES ☐ NO

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

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

Attach continuation sheets if necessary
### Contributions Received

1. Monetary Contributions ........................................ Schedule A, Line 3 $ \text{0.00} $ \text{0.00}
2. Loans Received .................................................. Schedule B, Line 3 $ \text{0.00} $ \text{0.00}
3. SUBTOTAL CASH CONTRIBUTIONS ........................... Add Lines 1 + 2 $ \text{0.00} $ \text{0.00}
4. Nonmonetary Contributions ................................. Schedule C, Line 3 $ \text{0.00} $ \text{0.00}
5. TOTAL CONTRIBUTIONS RECEIVED ....................... Add Lines 3 + 4 $ \text{0.00} $ \text{0.00}

### Expenditures Made

6. Payments Made .............................................. Schedule E, Line 4 $ \text{13.95} $ \text{632.48}
7. Loans Made .................................................. Schedule H, Line 3 $ \text{0.00} $ \text{0.00}
8. SUBTOTAL CASH PAYMENTS ............................... Add Lines 6 + 7 $ \text{13.95} $ \text{632.48}
9. Accrued Expenses (Unpaid Bills) ......................... Schedule F, Line 3 $ \text{0.00} $ \text{112,822.07}
10. Nonmonetary Adjustment ................................. Schedule C, Line 3 $ \text{0.00} $ \text{0.00}
11. TOTAL EXPENDITURES MADE ............................. Add Lines 8 + 9 + 10 $ \text{13.95} $ \text{113,454.55}

### Current Cash Statement

12. Beginning Cash Balance ................................. Previous Summary Page, Line 16 $ \text{965.73}
13. Cash Receipts .............................................. Column A, Line 3 above $ \text{0.00}
14. Miscellaneous Increases to Cash ......................... Schedule I, Line 4 $ \text{0.00}
15. Cash Payments ............................................. Column A, Line 8 above $ \text{13.95}
16. ENDING CASH BALANCE ................................. Add Lines 12 + 13 + 14, then subtract Line 16 $ \text{951.78}

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents ............................................ See instructions on reverse $ \text{0.00}
19. Outstanding Debts ......................................... Add Line 2 + Line 9 in Column B above $ \text{112,822.07}

### Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* 

<table>
<thead>
<tr>
<th>Date of Election</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ \text{ }</td>
</tr>
</tbody>
</table>

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

---

**FFPC Form 460 (January/08)**

FFPC Toll-Free Helpline: 866/ASK-FFPC (866/278-3772)
## Schedule E

**Payments Made**

Type or print in Ink.
Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>Page 4 of 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 05/05/2013</td>
<td>1338122</td>
</tr>
<tr>
<td>through 05/25/2013</td>
<td></td>
</tr>
</tbody>
</table>

### CODES:

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>campaign paraphernalia/misc.</td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
</tr>
<tr>
<td>CTB</td>
<td>contribution (explain nonmonetary)*</td>
</tr>
<tr>
<td>CVC</td>
<td>civic donations</td>
</tr>
<tr>
<td>FFL</td>
<td>candidate filing/ballot fees</td>
</tr>
<tr>
<td>FND</td>
<td>fundraising events</td>
</tr>
<tr>
<td>IND</td>
<td>independent expenditure supporting/opposing</td>
</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
</tr>
<tr>
<td>LIT</td>
<td>campaign literature and mailings</td>
</tr>
<tr>
<td>MBR</td>
<td>member communications</td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>OFC</td>
<td>office expenses</td>
</tr>
<tr>
<td>FET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>PHO</td>
<td>phone banks</td>
</tr>
<tr>
<td>POL</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
</tr>
<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>PRT</td>
<td>print ads</td>
</tr>
<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
</tr>
<tr>
<td>RFD</td>
<td>returned contributions</td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
</tr>
<tr>
<td>TEL</td>
<td>Lx, or cable airtime and production costs</td>
</tr>
<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
</tr>
<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
</tr>
<tr>
<td>TSF</td>
<td>transfer between committees of the same candidate/sponsor</td>
</tr>
<tr>
<td>VOT</td>
<td>voter registration</td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (Internet, e-mail)</td>
</tr>
</tbody>
</table>

---

### NAME AND ADDRESS OF PAYEE

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
</tr>
</thead>
</table>

### CODE OR DESCRIPTION OF PAYMENT

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
</tr>
</thead>
</table>

### AMOUNT PAID

<table>
<thead>
<tr>
<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. Unitemized payments made this period of under $100 ................................................................. $ 13.95
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.) TOTAL $ 13.95

---

**Subtotal $** 0.00

FPPC Form 460 (January/08)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 05/05/2013
through 05/15/2013

NAME OF FILER
Carmen Trutanich For District Attorney 2012

I.D. NUMBER
1338122

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
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PNO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PPO professional services (legal, accounting)
- PRT print ads
- RAD radio and airline production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airline and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR (OF COMMITTEE, ALSO ENTER I.D. NUMBER)</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>Shallman 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>Moreno, CA 91416</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>River City Business Services</td>
<td>PRO</td>
<td>340.67</td>
<td>0.00</td>
<td>0.00</td>
<td>340.67</td>
</tr>
<tr>
<td>Sacramento, CA 95841</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>River City Business Services</td>
<td>PRO</td>
<td>233.21</td>
<td>0.00</td>
<td>0.00</td>
<td>233.21</td>
</tr>
<tr>
<td>Sacramento, CA 95841</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 D.

SUBTOTALS $ 112,573.88 $ 0.00 $ 0.00 $ 112,573.88

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 $ 0.00
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 $ 0.00

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)
## Schedule F
### (Continuation Sheet)
#### Accrued Expenses (Unpaid Bills)

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

**NAME AND ADDRESS OF CREDITOR (OR COMMITTEE, ALSO ENTER I.D. NUMBER)**
River City Business Services

**CODE OR DESCRIPTION OF PAYMENT**
PRO

<table>
<thead>
<tr>
<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 F)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRO</td>
<td>248.19</td>
<td>0.00</td>
<td>248.19</td>
</tr>
</tbody>
</table>

**SUBTOTALS $**
248.19 $ 0.00 $ 0.00 $ 248.19

---

**SCHEDULE F (CONT)***
CALIFORNIA FORM 460
I.D. NUMBER
1336122

**STATEMENT COVERS PERIOD**
from 05/05/2013
through 05/15/2013

---

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

- **CM** 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
- **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)
- **FRT** print ads
- **RAD** radio airtime and production costs
- **RFD** returned contributions
- **SAL** campaign workers' salaries
- **TEL** t.v. or cable airtime and production costs
- **TRC** candidate travel, lodging, and meals
- **TRS** staff/spouse travel, lodging, and meals
- **TSF** transfer between committees of the same candidate/sponsor
- **VOT** voter registration
- **WEB** information technology costs (internet, e-mail)

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

---

**www.netfile.com**

---

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