

Form 462
Verification of Independent Expenditures

CALIFORNIA
 FORM **462**

This verification form identifies an individual responsible for ensuring that the campaign committee's independent expenditures were not coordinated with the listed candidate or measure committee (or the opponent) and that the committee will report all contributions and reimbursements as required by law. An independent expenditure is not subject to state or local contribution limits.

Amendment (Explain)

NAME OF RECIPIENT COMMITTEE, ENTITY OR INDIVIDUAL COMMITTEE ID #

Cooperative of American Physicians Independent Expenditure Committee

0970275

BUSINESS STREET ADDRESS

CITY

333 S Hope Street, 8th Floor

Los Angeles

STATE

ZIP CODE

E-MAIL

TELEPHONE NUMBER

CA

90071

info@millerpoliticallaw.com

(213) 473-8600

This committee has reported independent expenditure(s) to support or oppose the candidate(s) or measure(s) listed on a ballot for the election date identified below. (Note: The reporting of an independent expenditure may occur after this form is filed if an independent expenditure is made before the 90 day-24 hour reporting period of Government Code Sections 84204 and 85500.)

NAME OF CANDIDATE (First/Last)/BALLOT MEASURE	SUPPORT	OPPOSE	OFFICE SOUGHT OR HELD/ BALLOT NO./LETTER	JURISDICTION AND DISTRICT, IF ANY	ELECTION DATE
Matt Dababneh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	State Assembly	District 45	11/19/2013
NAME OF CANDIDATE (First/Last)/BALLOT MEASURE	<input type="checkbox"/>	<input type="checkbox"/>	OFFICE SOUGHT OR HELD/ BALLOT NO./LETTER	JURISDICTION AND DISTRICT, IF ANY	ELECTION DATE
NAME OF CANDIDATE (First/Last)/BALLOT MEASURE	<input type="checkbox"/>	<input type="checkbox"/>	OFFICE SOUGHT OR HELD/ BALLOT NO./LETTER	JURISDICTION AND DISTRICT, IF ANY	ELECTION DATE
NAME OF CANDIDATE (First/Last)/BALLOT MEASURE	<input type="checkbox"/>	<input type="checkbox"/>	OFFICE SOUGHT OR HELD/ BALLOT NO./LETTER	JURISDICTION AND DISTRICT, IF ANY	ELECTION DATE

I have not received any unreported contributions or reimbursements to make these independent expenditures. I have not coordinated any expenditure made during this reporting period with the candidate or the opponent of the candidate who is the subject of the expenditure, with the proponent or the opponent of the state measure that is the subject of the expenditure, or with the agents of the candidate or the opponent of the candidate or the state measure proponent or opponent. I certify under penalty of perjury under the laws of the State of California that the following is true and correct.

Signature [Handwritten Signature]

Printed Name Andrew L. Sew Hoy, MD

Signed on Nov 6th 2013
(month, day, year)

FPPC Form 462 (Dec/2012)
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)
 www.fppc.ca.gov

11/06/2013 WED 12:24 FAX 2137477116 Andrew L. Sew Hoy M.D. 002/002