

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)

1. Name of Committee
NAME OF RECIPIENT COMMITTEE, ENTITY OR INDIVIDUAL
 SEIU United Long Term Care Workers Local 6434 State PAC

COMMITTEE NO.
1234250

BUSINESS STREET ADDRESS
2910 Beverly Blvd.

CITY
Los Angeles

STATE CA ZIP CODE 90057 E-MAIL TELEPHONE NUMBER (213) 985-0384

2. Candidate or Measure
 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 94204 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
David Vela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Community College Board	LA Community College Bd, Dist. 6	05/21/2013
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  Printed Name Dereck Smith Signed on 5/18/13

FPPC Form 462 (Dec/2012)
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 www.fppc.ca.gov

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