

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

COMMITTEE ID #

Service Employees International Union Local 1021 Issues PAC

1296947

BUSINESS STREET ADDRESS

CITY

555 Capitol Mall, Suite 1425

Sacramento

STATE

ZIP CODE

E-MAIL

TELEPHONE NUMBER

CA

95814

info@olsonhagel.com

(916) 442-2952

2. Candidates or Measures:

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
Retiree Health Care Trust Fund	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proposition A	City and County of San Francisco	11/05/2013
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

3. Verification (Check One):

Principal Officer

Candidate/Officeholder

State Ballot Measure Proponent

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

[Redacted Signature]

Printed Name

PAUL CAMARILLO

Signed on

11/01/13  
(month, day, year)

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