**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 # |
|---|---|
| WORKERS FOR COMMON SENSE OPPOSING ADAM GRAY FOR STATE ASSEMBLY DISTRICT 21-2012 | 1342412 |

| BUSINESS STREET ADDRESS | CITY |
|---|---|
| 140 HERON WAY | MERCED |

| STATE | ZIP CODE | E-MAIL | TELEPHONE NUMBER |
|---|---|---|---|
| CA | 95341 | | (209) 723-3714 |

**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 |
|---|---|---|---|---|---|
| TONY MADRIGAL | | ✓ | MODESTO CITY COUNCI | 2 | 11-05-13 |
| NAME OF CANDIDATE (First/Last)/BALLOT MEASURE | SUPPORT | OPPOSE | OFFICE SOUGHT OR HELD/ BALLOT NO./LETTER | JURISDICTION AND DISTRICT, IF ANY | ELECTION DATE |
| | | | | | |
| NAME OF CANDIDATE (First/Last)/BALLOT MEASURE | SUPPORT | OPPOSE | OFFICE SOUGHT OR HELD/ BALLOT NO./LETTER | JURISDICTION AND DISTRICT, IF ANY | ELECTION DATE |
| | | | | | |
| NAME OF CANDIDATE (First/Last)/BALLOT MEASURE | SUPPORT | OPPOSE | 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 _____ Printed Name JAMES ABBATE Signed on 10-23-13 (month, day, year)