

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 #

AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL EMPLOYEES, COUNCIL 36 747152

BUSINESS STREET ADDRESS CITY

514 SHATTO PLACE, 3RD FLOOR **LOS ANGELES**

STATE ZIP CODE E-MAIL TELEPHONE NUMBER

CA **90020** **(213) 487-9887**

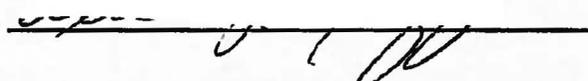
2. Candidate(s) or Measure(s)

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
LUIS MELLIZ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CITY COUNCIL	BELLFLOWER	03/05/2013
ROSE DOWNS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CITY COUNCIL	COMPTON	04/16/2013
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

3. Verification (Check One) Principal Officer Candidate/Opponent 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 Alice Goff Signed on 4/3/13
(month, day, year)