

**Form 462**  
**Verification of Independent Expenditures**

**CALIFORNIA**  
**FORM 462**

This verification form identifies the individual responsible for ensuring that a campaign committee's independent expenditures were not coordinated with the listed candidate (or the opponent) or measure committee 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)

**RECEIVED**

**OCT 15 2018**

**CITY CLERK**

**1. Name of Committee:**  
 NAME OF RECIPIENT COMMITTEE, ENTITY OR INDIVIDUAL: Friends of Marc Levine for Assembly 2018  
 STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

COMMITTEE ID #: 1392711

STATE: CA ZIP CODE: 94901 E-MAIL: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

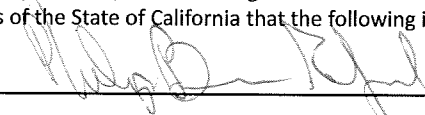
**2. Candidate or Measures:**

This committee has reported an 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) OR BALLOT MEASURE	SUPPORT	OPPOSE	OFFICE SOUGHT OR HELD/ BALLOT NO./LETTER	JURISDICTION AND DISTRICT, IF ANY	ELECTION DATE
Scott Alonso	<input checked="" type="checkbox"/>	<input type="checkbox"/>	City Council Member	Petaluma CA	11/6/18
NAME OF CANDIDATE (First/Last) OR 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) OR 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) OR BALLOT MEASURE	<input type="checkbox"/>	<input type="checkbox"/>	OFFICE SOUGHT OR HELD/ BALLOT NO./LETTER	JURISDICTION AND DISTRICT, IF ANY	ELECTION DATE

**3. Verification:**

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: PHILIP BRUCE RASCO Signed on: 10/12/18  
(month, day, year)

(Check One):  Principal Officer  Candidate/Officeholder  State Ballot Measure Proponent

FPPC Form 462 (Aug/2016)  
 FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)