

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded to whole dollars.

Amendment (Explain Below)

Report covers period
from 01/01/2013
through 03/16/2013
Date of election if applicable:
(Month, Day, Year)
04/02/2013

CITY SUPERVISOR
Date Stamp
2013 MAR 15 PM 1:0
CALIFORNIA FORM 465
Page 1 of 4
For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1344093

Treasurer (If recipient committee)

COMMITTEE/FILER'S NAME
NATIONAL ASSOCIATION OF REALTORS® FUND

NAME OF TREASURER
KAREN PASCHAL

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
CHICAGO IL, 60611 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
CHICAGO IL, 60611 [REDACTED]

OPTIONAL: FAX/E-MAIL ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE RICK BARNES	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Member CITY OF GLENDALE	CHECK ONE	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	
			SUPPORT <input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/>
			SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
03/11/2013	NATIONAL ASSOCIATION OF REALTORS® [REDACTED] CHICAGO, IL 60611	VOTER LISTS AND CONSULTING SERVICES	3,720.00	51,670.00
03/11/2013	ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC [REDACTED] WASHINGTON, DC 20006	VOTER LISTS AND CONSULTING SERVICES	3,720.00 MEMO Subpayment made through: NATIONAL ASSOCIATION OF REALTORS®	
03/11/2013	ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC [REDACTED] WASHINGTON, DC 20006	TELEPHONE CALLS	5,500.00	51,670.00

Supplemental Independent Expenditure Report

Type or print in Ink.
Amounts may be rounded
to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

SEE INSTRUCTIONS ON REVERSE

For use by an officeholder, candidate, or committee making independent expenditures totaling \$1000 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

Report covers period from <u>01/01/2013</u> through <u>03/16/2013</u>	CITY CLERK 2013 MAR 15 PM 1:0	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>04/02/2013</u>		Page <u>2</u> of <u>4</u> For Official Use Only

IV Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
03/11/2013	FAIRMONT CONSULTING [REDACTED] CHESTERFIELD, MO 63005	TELEPHONE CALLS	5,000.00 MEMO Subpayment made through: ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC	
03/11/2013	ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC [REDACTED] WASHINGTON, DC 20006	MAILERS	32,450.00	51,670.00
03/11/2013	TARGETBLUE, LLC [REDACTED] WASHINGTON, DC 20036	DESIGN	1,200.00 MEMO Subpayment made through: ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC	
03/11/2013	CSI [REDACTED] FALLS CHURCH, VA 22046	PRINTING	25,000.00 MEMO Subpayment made through: ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC	
03/11/2013	U.S. POSTMASTER [REDACTED] FALLS CHURCH, VA 22046	POSTAGE	6,250.00 MEMO Subpayment made through: ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC	
03/11/2013	NATIONAL ASSOCIATION OF REALTORS® [REDACTED] CHICAGO, IL 60611	POLLING	10,000.00	51,670.00

Supplemental Independent Expenditure Report

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	01/01/2013	
through	03/16/2013	Page <u>4</u> of <u>4</u>
NAME OF FILER NATIONAL ASSOCIATION OF REALTORS® FUND		I.D. NUMBER (if recipient com.) 1344093

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	51,670.00
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	\$	51,670.00
TOTAL		

5. Filing Officers Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER
SECRETARY OF STATE

ADDRESS (NO. AND STREET)
POLITICAL REFORM DIVISION
CITY STATE ZIP CODE
SACRAMENTO, CA 95814

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE

6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3/13/2013
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPONENT