Expendit	ental Independent ure Report	Am	e or print in ink. cunts may be rounded to de dollars.	100m <u> </u>	7/2013		(enCLER	CALIFORNI FORM	
-	ONS ON REVERSE		Amendment (Explain Below		25/2013	CO13 HRIV	יוא ב	Page 1	of 3
Report ID Numb	er			Date of election i (Month, Day 4/2/2013	if applicable: y, Year)		·	For Offici	al Use Only
1. Commit	tee/Filer Information		I.D. NUMBER (If recipions commit	•• Treasurer (II re	ecipient commiti	(ee)		· · · · · · · · · · · · · · · · · · ·	
COMMITTEE/FI	LER'S NAME		<u> </u>	NAME OF TREASURE	ER				
GLENDALE FIR	BPIGHTERS FOR BETTER GOVER	Indunt		Richard Bush					
STREET ADDR	ESS (NO P.O. BOX)	-		MAILING ADDRESS					
CITY STATE ZIP CODE AREA CODE/PHONE GLENDALE CA 912040000			CITY long Beach						
	X / E-MAIL ADDRESS			OPTIONAL: FAX/E-M	MAIL ADDRESS				·
	f Candidate or Measu	re Supp	orted or Opposed					СНЕ	CK ONE
Ardy Khassakian				Office Sought: Other: City Clark				ORT OPPOSE	
NAME OF BALLOT MEASURE				BALLOT NO./LETTER	JURISDICTIO	Ň		SUPPO	OPPOSE
3. Indepen	dent Expenditures M	ade Atta	ch additional information o	n appropriately labeled	continuation :	sheets.		CEIMETI-Y.	TIVE TO DATE
DATE	NAME AND ADDRESS OF PAYEE DESCRIPT			PTION OF EXPENDITUR	ON OF EXPENDITURE AMOUNT			CALENDAR YEAR (JAN.1 - DEC.31)	
Los Angeles, CA, 90012		Mailer Memo Referen	ge: 1		\$1,170.5	9	\$1,170.5		

				SUP	PLEMENTAL INDE	LENDENI EXLEN	ENDENT EXPENDITURE	
Supplemental Independen Expenditure Report	A	ype or print in ink, mounts may be rounde whole dollars.	સ	Report covers period from 1/1/2013		CALIFORNIA FORM		
SEE INSTRUCTIONS ON REVERSE		THIOTO BOARTS.		through	3/25/2013	Page 2	of 3	
NAME OF FILER Glendale firefighters for Better Go	Vernment					1.D. NUMBER (8 770923	(modplem com.)	
4. Summary					 			
Total independent expenditures						\$ 1,170.59		
Total independent expenditures Total independent expenditures								
3. Total independent expenditures	s made this period. (Add Lines 1 + 2.)	*****************************	••••••	TOTAL	\$ 1,170.59		
5. Filing Officers Enter the name	and address of each f	ling officer with whom	the filer's most recent campaign sta	atements (For	n 450, 460 or 46	1) have been filed		
1) NAME OF FILING OFFICER		- 1 - -	3) NAME OF FILING OFFICE	R				
ADDRESS	ADDRESS (NO. AND STREET)		ADDRESS	(NO. AND STREET)				
CITY	STATE	ZIP CODE	CITY	, , , , , , , , , , , , , , , , , , , 	STATE	ZIP CODE		
2) NAME OF FILING OFFICER		· · · · · · · · · · · · · · · · · · ·	4) NAME OF FILING OFFICE	R				
ADDRESS	(NO. AND ST	REET)	ADDRESS:	(NO. AND STREET)				
CITY	STATE	ZIP CODE	CITY		STATE	ZIP CODE		
6. Verification I have used all reasonable diligence in penalty of perjury under the laws of the Executed on 3/26/2013 Executed on 3/26/2013 DATE	preparing and reviewing State of California that	the foregoing is true a By By	signature of filer, treasurer or ass	d Row BISTANT TREASURE	R			
Executed on		Ву	INTROLLING OFFICEHOLDISH, CANDIDATE, STATI			LE OFFICER OF SPONSO	·R	
Executed on DATE	·	Ву	URE OF CONTROLLING OFFICEHOLDER, CANDID. URE OF CONTROLLING OFFICEHOLDER, CANDID.					

FPPC Form 465 (January/05)
FPPC Toli-Free Helpline: 866/ASK-FPPC (866/276-3772)

	Memo Heistence: 1 1/3 cost of maller supporting Kizassakien, Najarten, and Friedman