Supplemental Independent Expenditure Report (Government Code Section 84203.5)		Type or print in ink. Amounts may be rounded to whole dollars.		from $\frac{1}{3/3}$	05344R 29 1/2013 25/2013	AM 8: 0	Stamp	CALII F	ORNIA ORM 4	465	
Report ID Numb 2013-1c	ONS ON REVERSE	entered	dment (Explain Below) wrong expenditude s amount on filling	Date of election I (Month, Day 4/2/2013				Page 1	For Official Use	Only	
1. Commit	tee/Filer Information	I.D. NUMB 770923	ER (If recipient committee)	Treasurer (If re	ecipient commit	tee)					
COMMITTEE/FILER'S NAME GLENDALE FIREFIGHTERS FOR BETTER GOVERNMENT				NAME OF TREASURER Richard Bush							
STREET ADDRESS (NO P.O. BOX) 421 OAK STREET				MAILING ADDRESS 4400 Heather Road							
CITY STATE ZIP CODE AREA CODE/PHONE GLENDALE CA 912040000 (562) 429-7974				CITY long Beach	TO FIGURE CONTROL OF THE CONTROL OF					AREA CODE/PHONE (562) 832-6397	
OPTIONAL: FA	X / E-MAIL ADDRESS			OPTIONAL: FAX/E-N		om					
2. Name o	of Candidate or Measure S	apported or	Opposed						CHECK C	ONE	
Ardy Khassakian				Office Sought: Other	FICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE fice Sought: Other: City Clerk risdiction: City Description: city of Glendale				SUPPORT	OPPOSE	
NAME OF BALLOT MEASURE				BALLOT NO./LETTER	JURISDICTIO	ON		SUPPORT	OPPOSE		
3. Indeper	ndent Expenditures Made			appropriately labeled			MOUNT	ÇL İ	IMULATIVE CALEND/ (JAN.1 - D	AR YEAR	
3/22/2013 Firefighters Print and Design 1780 Creekside Oaks Drive Sacramento, CA, 95833		n	Mailer Memo Reference	1		\$2,647.56		\$2	\$2,647.56		
M									www.s.	own - To-	

FPPC Form 465 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SUPPLEMENTAL INDEPENDENT EXPENDITURE CALIFORNIA Supplemental Independent Report covers period Type or print in ink. **FORM Expenditure Report** Amounts may be rounded 1/1/2013 from to whole dollars. of 3 Page 3/25/2013 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER (If recipient com.) GLENDALE FIREFIGHTERS FOR BETTER GOVERNMENT 770923 4. Summary 2,647.56 1. Total independent expenditures of \$100 or more made this period. (Part 3.) 0.00 2. Total independent expenditures under \$100 made this period. (Not itemized.) 2,647.56 5. Filling 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 3) NAME OF FILING OFFICER Secretary of State Registrar of Voters, City and County of San Francisco **ADDRESS** ADDRESS (NO. AND STREET) (NO. AND STREET) Room 48, City Hall, One Doctor Carlton B. Goodlett Place 1500 11th Street ZIP CODE CITY STATE ZIP CODE CITY STATE CA 95814 San Francisco CA 94102 Sacramento 4) NAME OF FILING OFFICER 2) NAME OF FILING OFFICER Registrar-Recorder of Los Angeles County Glendale City Clerk **ADDRESS ADDRESS** (NO. AND STREET) (NO. AND STREET) 12400 Imperial Highway 613 E. Broadway CITY STATE ZIP CODE CITY STATE ZIP CODE Norwalk CA 90650 Glendale CA 91206 6. Verification 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 completed. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct Executed on 3/26/2013 DATE SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER Executed on _3/26/2013 SIGNATURE OF CONTROLLING OFFICEROLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR Executed on DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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Executed on

DATE

mo Reference: 1 cost of maller supporting Khassakian, Najarian, and Friedman