Supplemental Independent Expenditure Report (Government Code Section 84203.5)		Type or print in ink. Amounts may be rounded to whole dollars.	CITY Report cov filmerical from 01/01/2013 - 6	CLERK SUF Date Starry PM 2: 35	PPLEMENTAL	CALIFORNIA FORM		
SEE INSTRUCTIONS ON REVERS	E	Amendment (Explain Below) AMENDING EXPENDITURE AMOUNTS	through03/16/2013 Date of election if applicable: (Month, Day, Year) 04/02/2013			Page_1 of_4 For Official Use Only		
1. Committee/Filer I COMMITTEE/FILER'S NAME NATIONAL ASSOCIATION	N OF REALTORS <sup>®</sup> FUND	I.D. NUMBER (If recipient committee) 1344093	Treasurer (If recipient con NAME OF TREASURER KAREN PASCHAL MAILING ADDRESS	mmittee)	••••••••••••••••••••••••••••••••••••••			
CITY CHICAGO IL, 60611 OPTIONAL: FAX/E-MAILADI	·····	ZIP CODE AREA CODE/PHONE	CHTY CHICAGO IL, 60611 OPTIONAL: FAX / E-MAIL ADDRE	STATE ISS	ZIPCODE	AREA CODE/PHONE		

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NAME OF CANDIDATE OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE			OPPOSE
RICK BARNES	City Council Member CITY OF GLENDALE	x	
VAME OF BALLOT MEASURE	BALLOT NOJLETTER JURISDICTION	SUPPORT	OPPOSE

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®	VOTER LISTS AND CONSULTING SERVICES	4,550.00		
CHICAGO, IL 60611	CHICAGO, IL 60611			45,820.00	
AS	ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC		3,360.00		
03/11/2013		YOTER LISTS AND CONSULTING SERVICES	MEMO Subpayment made		
WASHINGTON, DC 20005	WASHINGTON, DC 20005		NATIONAL ASSOCI REALTORS®	TION OF	
	TARGETBLUE, LLC	DISIGN	1,200.00		
03/11/2013			MEMO Subpayment made NATIONAL ASSOCI		
	WASHINGTON, DC 20036		REAL/TORS®	NIUA OF	

FPPC Form 465 (June/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

## SUPPLEMENTAL INDEPENDENT EXPENDITURE

	فيحاجب ويتعاقبوا الأم	- • • • • • • • • • • • • • • • • • • •			SUPPLEMENT/	LINDEPENDENT EXPENDITURE
Expenditure	al Independent Report	Type or print in ink. Amounts may be rounde to whole dollars.	ed	Report covers period from 01/01/2013	Date Stamp	CALIFORNIA FORM 465
SEE INSTRUCTIONS O	ON REVERSE			through 03/16/2013		
nore in a calendar y be filed at the same opposed or by a con be filed for each can	ear to support or oppose a single o times and places as the campaign mittee primarily formed to support	king independent expenditures totaling candidate or a single measure. This is statements filed by the candidate sup or oppose the measure. A separate d or opposed. This form is filed in ac	form must oported or form must	Date of election if applicable: (Month, Day, Year) 04/02/2013		Page 2 of 4
V Independe	ent Expenditures Made NAME AND ADDR	Attach additional information	on appro	priately labeled continuation she ESCRIPTION OF EXPENDITURE	ets.	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
03/11/2013	ASSOCIATED CAMPAIGN CONSULT: WASHINGTON, DC 20006	INS & ELECTION SERVICES, LLC	TELEPI	IONE CALLS	5,500.00	45,820.00
03/11/2013	TELESTERFIELD, MO 63005			NONE CALLS	5,000.00 MEMO Subpayment made ASSOCIATED CAMI CONSULTING & SI SERVICES, LLC	AIGN
03/11/2013	ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC MAIN WASHINGTON, DC 20006			25	21,500.00	<b>4</b> 5,820.00
03/11/2013	CSI PRI			NG	15,250.00 MEMO Subpayment made ASSOCIATED CAME CONSULTING & EI SERVICES, LLC	AIGN
03/11/2013	U.S. POSTMASTER POSTA			)E	6,250.00 MEMO Subpayment made ASSOCIATED CAME CONSULTING & RI	AIGN
03/11/2013	NATIONAL ASSOCIATION OF REAL	ATORS <sup>®</sup>	POLLIN	iG	13,500.00	45,820.00

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## SUPPLEMENTAL INDEPENDENT EXPENDITURE

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Supplemental independent Type or print in ink.   Expenditure Report Amounts may be rounded to whole dollars.   SEE INSTRUCTIONS ON REVERSE SEE INSTRUCTIONS ON REVERSE   For use by an officeholder, candidate, or committee making independent expenditures totaling more in a calendar year to support or oppose a single candidate or a single measure. This for be filed at the same times and places as the campaign statements filed by the candidate sup opposed or by a committee primarily formed to support or oppose the measure. A separate for be filed for each candidate or measure being supported or opposed. This form is filed in additional communications and committee or the support or opposed.			1000 or m must orted or m must	Report covers period from 01/01/2013 through 03/16/2013 Date of election if applicable: (Month, Day, Year) 04/02/2013	Date Stamp	CALIFORNIA FORM 465 Page_3of_4 For Official Use Only
IV independe	nt Expenditures Made Atta NAME AND ADDRESS OF	ch additional information of PAYEE	n appro D	priately labeled continuation she ESCRIPTION OF EXPENDITURE	eets. Amount	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
03/11/2013	AMERICAN STRATEGIES, INC. WASHINGTON, DC 20006		POLLIN	ζG	13,500.00 MEMO Subpayment m NATIONAL ASS REALTORS <sup>®</sup>	
03/11/2013	NATIONAL ASSOCIATION OF REALTORS® CHICAGO, IL 60611		STAFF TIME		200.00	45,820.00
03/11/2013	NATIONAL ASSOCIATION OF REALTORS® CHICAGO, IL 60611		STAFF	TIME	200.00	45,820.00
03/11/2013	NATIONAL ASSOCIATION OF REALTORS CHICAGO, IL 60611		CONSUL	TING SERVICES	360.00	45,820.00

Supplemental Independent	Type or print in lnk.	SUPPLEMENTAL I	SUPPLEMENTAL INDEPENDENT EXPENDITURE			
Expenditure Report	Amounts may be rounded	Report covers period	CALIFO	RNIA 465		
	to whole doilars.	from01/01/2013	FOR	M 400		
THE INSTRUCTIONS ON REVERSE				of4		
NAME OF FILER NATIONAL ASSOCIATION OF REALTORS® FUND				(if recipient com.) 1344093		
4. Summary						
1. Total independent expenditures of \$100 or more	made this period. (Part 3.)		. \$	45,820.00		
2. Total independent expenditures under \$100 mac	le this period. (Not itemized.)		\$	0.00		
3. Total independent expenditures made this period (Add Lines 1 + 2.)						

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 OFFICE SECRETARY OF STATE	R			3) NAME OF FILING OFFI	CER		
ADDRESS POLITICAL REFORM DIV	(NO. AND STREET)		0 112 - 11 - 11 - 11 - 11 - 11 - 11 - 11	ADDRESS	(NO. AND STREET)		
CITY SACRAMENTO, CA 95	814	STATE	ZIP CODE	CITY		STATE	ZIP CODE
2) NAME OF FILING OFFICE	R			4) NAME OF FILING OFFI	CER		
ADDRESS	(NO. AND STREET)			ADDRESS	(NO. AND STREET)		
CITY		STATE	ZIP CODE	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. There 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 carrect.

Executed on 6/5/2013	By
Executed on	By
Executed on	By
Executed on	By

FPPC Form 465 (June/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)