

**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.

**CITY CLERK SUPPLEMENTAL INDEPENDENT EXPENDITURE**

Report covers period from <u>03/17/2013</u> through <u>06/30/2013</u>	Date Stamp <b>2013 JUL 31 PH 12: 54</b>	CALIFORNIA FORM <b>465</b> Page <u>1</u> of <u>3</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>04/02/2013</u>		

Amendment (Explain Below)

**1. Committee/ Filer Information**

ID. 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)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
CHICAGO IL, 60611

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CHICAGO IL, 60611

OPTIONAL: FAX/E-MAIL ADDRESS

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**2. Name of Candidate or Measure Supported or Opposed**

CHECK ONE

NAME OF CANDIDATE RICK BARNES	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Member CITY OF GLENDALE	SUPPORT X	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	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)
03/25/2013	NATIONAL ASSOCIATION OF REALTORS® [REDACTED] CHICAGO, IL 60611	STAFF TIME	200.00	49,880.00
03/25/2013	ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC [REDACTED] WASHINGTON, DC 20006	TELEPHONE CALLS	3,500.00	49,880.00
03/25/2013	FAIRMONT CONSULTING [REDACTED] CHESTERFIELD, MO 63005	TELEPHONE CALLS	3,500.00 MEMO Subpayment made through: ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC	



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to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>03/17/2013</u> through <u>06/30/2013</u>	CALIFORNIA FORM <b>465</b> Page <u>3</u> of <u>3</u> I.D. NUMBER (if recipient com.) <u>1344093</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NATIONAL ASSOCIATION OF REALTORS® FUND

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	<u>4,060.00</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	<u>0.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL</b>	\$ <u>4,060.00</u>

## 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 7/30/13  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

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

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT