Supplement	tal Independent	Type or print in ink.		CITY OLERKUPPLEMENTALINDEPENDENT EXPENDITURE					
Expenditure (Government Code S	Report	Amounts may be rounded to whole dollars.	1	Report covers p	period 201 2013 JUL 3	Date Stamp PM 12: 54	CALIFORI FORM		65
SEE INSTRUCTIONS ON REVERSE		Amendment (Explain	Below)	through06/30/	2013		Page_1	of	3
				Date of election if a (Month, Day, Y	oplicable: ear)		For Offi	cial Use Oni	ły
				04/02/	2013				
1. Committee	e/Filer Information	LD. NUMBER (if recipient committee 1344093)	Treasurer (f recipient committee)			
COMMITTEE/FILE	R'S NAME	·		NAME OF TREASU	RER				
NATIONAL ASS	SOCIATION OF REALTORS® FUND			KAREN PASCH	AL				
STREET ADDRESS	S (NO P.O. BOX)			MAI INC LEDGE OF					
				CITY		STATE ZIP CODE	ARE	A CODE/PI	YONE
CITY	STATE	ZIP CODE AREA CODE/PH	ONE	U 111		0,7,12 2,1 000.			
CHICAGO II	, 60611		CHICAGO IL, 60611					<u> </u>	
OPTIONAL: FAX/	E-MAIL ADDRESS			OPTIONAL: FAX/E	-MAIL ADDRESS				
2. Name of C	andidate or Measure S	upported or Opposed		*				CHEC	KONE
NAME OF CANDID				OFFICE SOUGHT OR HEL	D AND DISTRICT, IF	APPLICABLE		SUPPORT	
NAME OF BALLOT MEASURE			City Council Member CITY OF GL			LENDALE		x	
				BALLOT NO JLETTER	JURISDICTION			SUPPORT	OPPOSE
								Ĺ	
3. Independe	nt Expenditures Made	Attach additional information on app	ropriately	labeled continuation shee	ts.		CHMULA	IVE TO DA	TE
DATE		RESS OF PAYEE	DESCRIPTION OF EXPENDITUR			CALENDAR YE		DAR YEAR	ŧ
·····	NATIONAL ASSOCIATION OF REALTO	RS®				200.00	[[JAN, 1	- DEC. 31	1
03/25/2013			STAF	STAFF TIME		250.50	49,880.00		
	CHICAGO, IL 60611						43	,000.00	
	ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC		51127 Y	TELEPHONE CALLS		3,500.00	,500.00		
03/25/2013			1.0716	TEMESTORE CALLS		1	49,880.00		
	WASHINGTON, DC 20006						,		
	FAIRMONT CONSULTING		mn	ADMANT CALLS	· · · ·	3,500.00		***	
03/25/2013			TEPE	TELEPHONE CALLS		MEMO Subpayment made	through:		
						ASSOCIATED CAMP	ZGN		
	CHESTERFIELD, MO 63005					CONSULTING & ELL SERVICES, LLC	CTION		

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

0	45-4		SUPPLEMENTAL INCEPENDENT EXPENDITURE				
Expenditure	Ponort Amounts r	r print in ink. nay be rounded ole dollars.	Report covers period from 03/17/2013	Date Stamp	california 465		
SEE INSTRUCTIONS	ON REVERSE		through 06/30/2013		Page_2 of_3		
more in a calendary be filed at the same opposed or by a con be filed for each car	nolder, candidate, or committee making independent expe- rear to support or oppose a single candidate or a single natimes and places as the campaign statements filed by the mittee primarily formed to support or oppose the measure indidate or measure being supported or opposed. This for ampaign statements.	neasure. This form must e candidate supported or re. A separate form must	Date of election if applicable: (Month, Day, Year)		For Official Use Only		
	ent Expenditures Made Attach additiona	al information on appro	ppriately labeled continuation she escription of expenditure	gets.	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		
03/25/2013	NATIONAL ASSOCIATION OF REALTORS®	CONSUI	LTING SERVICES	360.00	49,880.00		
	CHICAGO, IL 60611						
	·						

Supplemental Independent

Type or print in ink.

SUPPLEMENTAL	

Expenditure Report	Amounts may be rounded to whole dollars.	Report covers period from 03/17/2013	california 465	
SEE INSTRUCTIONS ON REVERSE		through06/30/2013	Page 3 of 3	
NAME OF FILER NATIONAL ASSOCIATION OF REALTORS® FUND			I.D. NUMBER (If recipient com.) 1344093	
1. Summary			4,060.00	
Total independent expenditures of \$100 or more made.			\$	
Total independent expenditures under \$100 made this Total independent expenditures made this period (A)			\$	
5. Filing Officers Enter the name and address of each fi	filing officer with whom the filer's most recent can	npaign statements (Form 450, 460 or 4	61) have been filed.	
1) NAME OF FILING OFFICER SECRETARY OF STATE	3) NAME OF FILIN	IG OFFICER	 	
ADDRESS (NO. AND STREET) FOLITICAL REFORM DIVISION	ADDRESS	(NO. AND STREET)		
CITY STATE SACRAMENTO, CA 95814	E ZIP CODE CITY		STATE ZIP CODE	
2) NAME OF FILING OFFICER	4) NAME OF FILIN	GOFFICER		
ADDRESS (NO. AND STREET)	ADDRESS	(NO. AND STREET)		
CITY STATE	E ZIP CODE CITY		STATE ZIP CODE	
. Verification	•			
I certify that the "independent expenditure(s)" disclosed in this as those terms are defined in Government Code Section 8203 statement and to the best of my knowledge the information cor the foregoing is true and correct.	1 and FPPC Regulation 18225.7. I have used all re	easonable diligence in preparing and rev	iewing this	
Executed on	By SIGNATURE OF FILES	TREASURER OR ASSISTANT TREASURER		
Executed on	BySIGNATURE OF CONTROLLING OFFICEHOLDER, CANDID	ATE, STATE MEASURE PROPONENT, OR RESPONSIBLE	E OFFICER OF SPONSOR	
Executed on	BySIGNATURE OF CONTROLLING OFF	ICEHOLDER, CANDIDATE, STATE MEASURE PROPON	HENT	
Executed on	BySIGNATURE OF CONTROLLING OFF	ICEHOLDER, CANDIDATE, STATE MEASURE PROPON	NENT	