

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.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Amendment (Explain Below)

Report covers period	Date Stamp	CALIFORNIA FORM 465
from 01/01/2013	RECEIVED OCT 25 2013 BELMONT CITY CLERK	
through 10/19/2013		Page 1 of 4
Date of election if applicable: (Month, Day, Year)		For Official Use Only
11/05/2013		

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1344093

COMMITTEE/FILER'S NAME
NATIONAL ASSOCIATION OF REALTORS® FUND

STREET ADDRESS (NO P.O. BOX)
430 N. MICHIGAN AVENUE

CITY STATE ZIP CODE AREA CODE/PHONE
CHICAGO IL, 60611 (312) 329-8381

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER
KAREN PASCHAL

MAILING ADDRESS
430 N. MICHIGAN AVENUE

CITY STATE ZIP CODE AREA CODE/PHONE
CHICAGO IL, 60611 (312) 329-8239

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE MIKE VERDONE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Member CITY OF BELMONT	CHECK ONE	
		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)
10/11/2013	ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC 1750 K STREET, NW, STE. 700 WASHINGTON, DC 20006	TELEPHONE CALLS	3,500.00	12,800.16
10/11/2013	FAIRMONT CONSULTING 18118 CHESTERFIELD AIRPORT RD. #1 CHESTERFIELD, MO 63005	TELEPHONE CALLS	3,325.00 MEMO Subpayment made through: ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC	
10/18/2013	ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC 1750 K STREET, NW, STE. 700 WASHINGTON, DC 20006	MAILER	4,324.08	12,800.16

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		Page <u>2</u> of <u>4</u>
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For use by an officeholder, candidate, or committee making independent expenditures totaling \$1000 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

IV 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)
10/18/2013	FAIRMONT CONSULTING 18118 CHESTERFIELD AIRPORT RD. #1 CHESTERFIELD, MO 63005	PRINTING	3,080.90 MEMO Subpayment made through: ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC	
10/18/2013	U.S. POSTMASTER 16105 SWINGLEY RIDGE RD. CHESTERFIELD, MO 63017	POSTAGE	1,081.02 MEMO Subpayment made through: ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC	
10/07/2013	ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC 1750 K STREET, NW, STE. 700 WASHINGTON, DC 20006	MAILER	4,324.08	12,800.16
10/07/2013	FAIRMONT CONSULTING 18118 CHESTERFIELD AIRPORT RD. #1 CHESTERFIELD, MO 63005	PRINTING	3,080.91 MEMO Subpayment made through: ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC	
10/07/2013	U.S. POSTMASTER 16105 SWINGLEY RIDGE RD. CHESTERFIELD, MO 63017	POSTAGE	1,081.02 MEMO Subpayment made through: ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC	
10/07/2013	JAMI PRODUCTION AND DESIGN 14749 PARSON WEEMS LOOP WOODBIDGE, VA 22193	DESIGN	530.00 MEMO Subpayment made through: ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC	

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Page <u>3</u> of <u>4</u>			For Official Use Only

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DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/07/2013	NATIONAL ASSOCIATION OF REALTORS® 430 N. MICHIGAN AVENUE CHICAGO, IL 60611	STAFF TIME	200.00	12,800.16
10/07/2013	NATIONAL ASSOCIATION OF REALTORS® 430 N. MICHIGAN AVENUE CHICAGO, IL 60611	VOTER LISTS	452.00	12,800.16

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from	01/01/2013	
through	10/19/2013	Page <u>4</u> of <u>4</u>
NAME OF FILER NATIONAL ASSOCIATION OF REALTORS® FUND		I.D. NUMBER (If recipient com.) 1344093

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4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	12,800.16
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$	12,800.16

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
1500 11TH ST., ROOM 495

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 10/24/2013
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