

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
CALIFORNIA FORM 465

Report covers period from 10/20/2013 through 12/31/2013

Date of election if applicable: (Month, Day, Year) **JAN 3 1 2014**

DATE STAMP: RECEIVED JAN 3 1 2014 BELMONT CITY CLERK

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For Official Use Only

Amendment (Explain Below)

I.D. NUMBER (if recipient committee)
1344093

1. Committee/Filer Information

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

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

CITY
CHICAGO IL, 60611

OPTIONAL: FAX/E-MAIL ADDRESS

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

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

NAME OF BALLOT MEASURE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE
City Council Member CITY OF BELMONT

BALLOT NO./LETTER JURISDICTION

CHECK ONE

SUPPORT X OPPOSE
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)
10/25/2013	ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC 1750 K STREET, NW, STE. 700 WASHINGTON, DC 20006	ONLINE ADS	3,351.84	19,652.00
11/01/2013	ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC 1750 K STREET, NW, STE. 700 WASHINGTON, DC 20006	TELEPHONE CALLS	3,500.00	19,652.00

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NAME OF FILER
NATIONAL ASSOCIATION OF REALTORS® FUND

Page 2 of 2
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4. Summary

- Total independent expenditures of \$100 or more made this period. (Part 3.) \$ 6,851.84
- Total independent expenditures under \$100 made this period. (Not itemized.) \$ 0.00
- Total independent expenditures made this period (Add Lines 1 + 2.) **TOTAL** \$ 6,851.84

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
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 11/30/2014 DATE

Executed on _____ DATE

Executed on _____ DATE

Executed on _____ DATE

By  SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR

By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent

By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent