

# 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.

For Official Use Only

Report covers period

from 01/01/2013

through 12/31/2013

Date of election if applicable:

(Month, Day, Year)

11/05/2013

Amendment (Explain Below)

RECEIVED  
FEB 07 2014  
BELMONT CITY CLERK

## 1. Committee/Filer Information

I.D. NUMBER (If recipient committee)  
890106

COMMITTEE/FILER'S NAME

CALIFORNIA REAL ESTATE POLITICAL ACTION COMMITTEE (CREPAC) - CALIFORNIA ASSOCIATION OF REALTORS

STREET ADDRESS (NO P.O. BOX)

525 S. VIRGIL AVENUE

CITY

LOS ANGELES CA, 90020

STATE ZIP CODE

(213) 739-8200

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer (If recipient committee)

NAME OF TREASURER

M. IOBAL BHOLAI

MAILING ADDRESS

525 S. VIRGIL AVENUE

CITY

STATE ZIP CODE

LOS ANGELES CA, 90020

AREA CODE/PHONE

(213) 739-8200

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)
11/01/2013	MINUTEMAN PRESS 1 N. AMPHLETT BLVD., SUITE F SAN MATEO, CA 94401	MAILER	3,806.55	3,806.55

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Type or print in ink.  
Amounts may be rounded to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE  
FORM 465

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
CALIFORNIA REAL ESTATE POLITICAL ACTION COMMITTEE (CREPAC) - CALIFORNIA ASSOCIATION OF REALTORS

Report covers period  
from 01/01/2013 through 12/31/2013

Page 2 of 2

I.D. NUMBER (if recipient com.)  
890106

## 4. Summary

- 1. Total independent expenditures of \$100 or more made this period. (Part 3.) ..... \$ 3,806.55
- 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 \$ 3,806.55

## 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.

3) NAME OF FILING OFFICER  
SECRETARY OF STATE

ADDRESS (NO. AND STREET)  
POLITICAL REFORM DIVISION  
1500 11TH STREET, ROOM 495  
CITY STATE ZIP CODE  
SACRAMENTO, CA 95814

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 19225.7. 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 12/31/14 DATE  
By [Signature] SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ DATE  
By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ DATE  
By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on \_\_\_\_\_ DATE  
By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent