

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
 from 02/08/2015
 through 02/18/2015
Date of election if applicable:
 (Month, Day, Year)
02/24/2015

Date Stamp

CALIFORNIA FORM 465
 Page 1 of 4
 For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1344093

COMMITTEE/FILER'S NAME
 NATIONAL ASSOCIATION OF REALTORS FUND (NONPROFIT 527 ORGANIZATION)

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	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	CHECK ONE	
		SUPPORT	OPPOSE
CHRISTOPHER RIZZOTTI	City Council Member: CITY OF BURBANK	X	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	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)
02/09/2015	ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC 1750 K STREET, NW, STE. 700 WASHINGTON, DC 20006	MAILER	2,614.90	39,696.17
02/09/2015	U.S. POSTMASTER 115 WIGHT AVE. COCKEYSVILLE, MD 21030	POSTAGE	801.10	
02/09/2015	WEBB MASON 10830 GILROY ROAD HUNT VALLEY, MD 21031	MAILER	1,813.80	

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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Date of election if applicable: (Month, Day, Year) <u>02/24/2015</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)
02/09/2015	ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC 1750 K STREET, NW, STE. 700 WASHINGTON, DC 20006	TELEPHONE CALLS	2,095.18	39,696.17
02/09/2015	HHC, INC. 18118 CHESTERFIELD AIRPORT RD. #1 CHESTERFIELD, MO 63005	TELEPHONE CALLS	2,095.18	
			MEMO Subpayment made through: ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC	
02/11/2015	ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC 1750 K STREET, NW, STE. 700 WASHINGTON, DC 20006	MAILER	4,988.46	39,696.17
02/11/2015	WEBB MASON 10830 GILROY ROAD HUNT VALLEY, MD 21031	MAILER	3,460.20	
			MEMO Subpayment made through: ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC	
02/11/2015	U.S. POSTMASTER 115 WIGHT AVE. COCKEYSVILLE, MD 21030	POSTAGE	1,528.26	
			MEMO Subpayment made through: ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC	
02/18/2015	ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC 1750 K STREET, NW, STE. 700 WASHINGTON, DC 20006	TELEPHONE CALLS	2,095.18	39,696.17

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from	02/08/2015	
through	02/18/2015	Page <u>4</u> of <u>4</u>
NAME OF FILER		I.D. NUMBER (If recipient com.)
NATIONAL ASSOCIATION OF REALTORS FUND (NONPROFIT 527 ORGANIZATION)		1344093

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	11,793.72
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	\$ 11,793.72

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 2/19/2015
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By _____
TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT