

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.

Amendment (Explain Below)

Report covers period
from 01/01/2013
through 10/19/2013
Date of election if applicable:
(Month, Day, Year)
11/05/2013

SUPPLEMENTAL INDEPENDENT EXPENDITURE

RECEIVED

OCT 25 2013

CITY CLERK'S OFFICE
CITY OF SUNNYVALE

CALIFORNIA FORM 465

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For Official Use Only

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)

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

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	
<u>GUSTAV LARSSON</u>	<u>City Council Member CITY OF SUNNYVALE, #1</u>	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT
			OPPOSE <input type="checkbox"/>

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)
10/10/2013	<u>NATIONAL ASSOCIATION OF REALTORS® CHICAGO, IL 60611</u>	<u>VOTER LISTS</u>	<u>1,280.00</u>	<u>70,580.00</u>
10/10/2013	<u>ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC WASHINGTON, DC 20006</u>	<u>VOTER LISTS</u>	<u>1,280.00</u> MEMO Subpayment made through: NATIONAL ASSOCIATION OF REALTORS®	
10/10/2013	<u>FIELD STRATEGIES WASHINGTON, DC 20006</u>	<u>FIELD PROGRAM</u>	<u>51,450.00</u>	<u>70,580.00</u>

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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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.

Report covers period from <u>01/01/2013</u> through <u>10/19/2013</u> Date of election if applicable: (Month, Day, Year) <u>11/05/2013</u>	Date Stamp	CALIFORNIA FORM 465 Page <u>2</u> of <u>4</u> For Official Use Only

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)
10/10/2013	CONTINENTAL COLORCRAFT MONTEREY PARK, CA 91754	LITERATURE	1,576.01 MEMO Subpayment made through: FIELD STRATEGIES	
10/10/2013	ARDLEIGH GROUP PHILADELPHIA, PA 19146	CANVASSING	49,574.39 MEMO Subpayment made through: FIELD STRATEGIES	
10/10/2013	IMAGE POINTE WATERLOO, IA 50702	T-SHIRTS	299.60 MEMO Subpayment made through: FIELD STRATEGIES	
10/07/2013	NATIONAL ASSOCIATION OF REALTORS® CHICAGO, IL 60611	STAFF TIME	100.00	70,580.00
10/07/2013	NATIONAL ASSOCIATION OF REALTORS® CHICAGO, IL 60611	POLLING	6,750.00	70,580.00
10/07/2013	AMERICAN STRATEGIES, INC. WASHINGTON, DC 20006	POLLING	6,750.00 MEMO Subpayment made through: NATIONAL ASSOCIATION OF REALTORS®	

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from <u>01/01/2013</u>		
through <u>10/19/2013</u>		
Date of election if applicable: (Month, Day, Year)		Page <u>3</u> of <u>4</u>
<u>11/05/2013</u>		For Official Use Only

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)
10/07/2013	ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC WASHINGTON, DC 20006	ONLINE ADS	11,000.00	70,580.00
10/07/2013	TARGETBLUE, LLC WASHINGTON, DC 20036	ONLINE ADS	10,600.00 MEMO Subpayment made through: ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC	

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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.)	\$	70,580.00
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 \$	70,580.00

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

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 *Karen Paschal*
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