

**497 Contribution Report**

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

RECEIVED  
 CITY OF NORWALK  
 CITY CLERK

497 CONTRIBUTION REPORT

NAME OF FILER KELLEY FOR COUNCIL 2013		Date of This Filing 2-6-13	Date Stamp 13 FEB -7 P5:10	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 562 864-8392	I.D. NUMBER (if applicable) 962452	Report No. 1		
STREET ADDRESS 14359 GRAYLAND AVE		<input type="checkbox"/> Amendment to Report No. (explain below)	No. of Pages 1	
CITY NORWALK	STATE CA	ZIP CODE 90650		

**1. Contribution(s) Received**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
2-6-13	CALIFORNIA REAL ESTATE POLITICAL ACTION COMMITTEE ID# 890106 525 S VIRGIL AVE LOS ANGELES, CA 90020	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$ 7500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

**\*\*Contributor Codes**  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.  
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SUPPLEMENTAL INDEPENDENT EXPENDITURE

**Amendment** (Explain Below)

Report covers period from <u>01/01/2013</u> through <u>02/16/2013</u>	Date Stamp <b>RECEIVED CITY OF NORWALK CITY CLERK FEB 21 11:25</b>	<b>CALIFORNIA FORM 465</b>
Date of election if applicable (Month, Day, Year) <u>03/05/2013</u>	Page <u>1</u> of <u>2</u>	
		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)

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
CHERI KELLEY	City Council Member CITY OF NORWALK	X	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	

## 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)
02/14/2013	TARGETSMART COMMUNICATIONS 1750 K STREET, NW, 7TH FL. WASHINGTON, DC 20006	MAILER	9,500.00	9,500.00
02/14/2013	CSI 205 W. JEFFERSON ST. FALLS CHURCH, VA 22046	PRINTING SERVICES	6,753.39 MEMO Subpayment made through: TARGETSMART COMMUNICATIONS	
02/14/2013	U.S. POSTMASTER 800 W. BROAD ST., STE. 100 FALLS CHURCH, VA 22046	POSTAGE	2,746.61 MEMO Subpayment made through: TARGETSMART COMMUNICATIONS	

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496 INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> NATIONAL ASSOCIATION OF REALTORS® FUND		<b>Date of This Filing</b> 02/22/2013	<b>Date Stamp</b> 13 FEB 25 A8 21	<b>CALIFORNIA FORM 496</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (312) 329-8381	<b>I.D. NUMBER (If applicable)</b> 1344093	<b>Report No.</b> 20130222	<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	
<b>STREET ADDRESS</b> 430 N. MICHIGAN AVENUE		<b>No. of Pages</b> 1		
<b>CITY</b> CHICAGO, IL	<b>STATE</b> IL	<b>ZIP CODE</b> 60611		

**1. List Only One Candidate or Ballot Measure**

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> CHERI KELLEY				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD</b> City Council Member CITY OF NORWALK	<b>DISTRICT NO.</b>	<b>SUPPORT</b> X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

**2. Independent Expenditures Made** Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
02/21/2013	MAILER (CUMULATIVE TO DATE TOTAL: \$15,000.00)	5,500.00

Reason for Amendment: \_\_\_\_\_

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) FPPC Form 496 (March/2011)