IND EXP





REPORT OF INDEPENDENT EXPENDITURE for CANDIDATES Secretary of State 2016 Election

The independent expenditure The independent expenditure							
KENNY GRIFFIS - SUPRE							
Name of the Candidate of whom to			opposition.	*************************************			
NATIONAL ASSOCIATION	OF REALTORS	FUND					
Full Name of Individual or Enti	y making Independ	lent Expenditur	ė.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
Please check the appropriate box: a Corporation individual		□ Political Committee □ Other(Specify)					
KAREN PASCHAL							00-04000
Contact Person	A COLOR DE LA CASA DE	A THE PARTY OF THE	Committee Committee	and the state of t	n rodokt vinski produktiva k		
430 N. MICHIGAN AVE		CHICAG	O.	IL.	6.0	0611	
Mailing Address		City	3	State	Zip	Code.	
312-329-8239	······				nakannikasiya (in jayiya) akili akili kalika		PRODUCE PORMIX
Phone Plana shadkana of the falls	wine detect	المرادية والمستحدة والمارية ووالمارة والمارة و	ternel desiration of the place	والمراجعة المراجعة	Fax	MUNICOVAN CONTRACTOR	obraducioniscos obje
Please check one of the folio May 10, 2016 Periodic Re		2016, through	April 30, 20	16)	46247 457 474 445 4	Mano	datory
June 10, 2016 Periodic R	eport (May:1, 201	6, through Me	y 31, 2016)	and the state of t	thio xili picors	,Man	datory
July 8, 2016 Periodic Rep	ort (June 1, 2016	through June	30, 2016).				datory
October 10, 2016 Periodi	c Report (July 1,	2016, through	September	30, 2016)			datory
November 1, 2016 Pre-El	ection Report (O	ctober 1, 2016	, through O	tober 29, 2016)	Îsas e 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Man	datory
			All Genera	al and Special Elec	tion Candida	tes and Political Cor	nmittees
November 22, 2016 Pre-F	lunaff Report (Od	tober 30, 2016	5, through N	lovember 19, 20	16)Rı	moff Candidates	Only
			-			nittees in a Runoff E	1
January 10, 2017 Periodi	Report (Octobe	1, 2016, thro					
Termination Report (Candidate will no longer accept contributions or ma expenditures and has no outstanding campaign debt obligation)						quired to terminate reporting Igations	
	REPORTED C	CONTRIBUTION	VS AND DIS	BURSEMENTS			
Itemized + Non-itemized =		n-itemized =	This Period		**************************************	Calendar Year-To-Date	
Total amount of contributions	\$ 0.00 +\$	0.00	\$	0.00	\$	0.00	
Total amount of disbursements	575,714.3Lo+\$	0.00	\$	75,714.36	\$	75,714.36	***************************************
Total amount of cash on hand				0.00			
Under penalty of perjury, I hereby concert with, or at the request, or su							
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Authorized Sign	ature		mindenna"	. Pasteron	10 / 28 /7 Date Sign	64 64	
State of Authorized Sign	OFFICIAL SEAL		and subscri	bed before me		~~	
	RITA ESCAPENO Public - State of III	this the inois	The day of	Cotober 20	116.		
	sion Expires Feb 1			olic ssion Expires:	listana	***************************************	
Miss Code Ann. \$23.45-807 and \$23.46							
SEND TO: 1: Independent expenditur offices should be filed w to 601-576-2545.							
2. Independent expendition 3. Independent expendition					y Cleenit Clerk	L:	