

REED & DAVIDSON, LLP

ATTORNEYS AT LAW

330 SOUTH GRAND AVENUE

SUITE 700

LOS ANGELES, CALIFORNIA 90071-2665

TELEPHONE (213) 624-6200

FACSIMILE (213) 623-1692

WWW.POLITICALLAW.COM

ORANGE COUNTY

(714) 641-1668

SACRAMENTO

(916) 447-1668

DANA W. REED
 CARY DAVIDSON
 JAMES A. SIVESIND
 STUART L. LEVITON
 FLORA S. YIN
 DANIEL K. ABRAMSON

OF COUNSEL

DARRYL R. WOLD*
 BRADLEY W. HERTZ
 JERRY MARGARET SIMMONS

*ALSO ADMITTED IN THE DISTRICT OF COLUMBIA

FAX COVER SHEET

To: Federal Election Commission (202) 219-0174
 From: Flora Yin
 Client/Matter: 62
 Date: March 28, 2008

DOCUMENTS	NUMBER OF PAGES*
FEC Form 9 for California Real Estate Independent Expenditure Committee	4

Original will NOT follow.

COMMENTS: Please see attached.

THIS COMMUNICATION IS INTENDED FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IT MAY CONTAIN INFORMATION THAT IS PRIVILEGED OR CONFIDENTIAL. ANY UNAUTHORIZED DISCLOSURE, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED.
 IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL TO THE SENDER BY MAIL. YOUR ASSISTANCE IN MAINTAINING THE INTEGRITY OF FAX TRANSMISSION SERVICE IS APPRECIATED.

* NOT COUNTING COVER SHEET. IF YOU DO NOT RECEIVE ALL PAGES, PLEASE TELEPHONE US IMMEDIATELY AT (213) 624-6200.

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

CALIFORNIA REAL ESTATE INDEPENDENT EXPENDITURE COMMITTEE

(b) Address (number and street) ☐ check if different than previously reported

525 SOUTH VIRGIL AVENUE

(c) City, State and ZIP Code

LOS ANGELES, CA 90020

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement☒ New

or

☐ Amended**4. Covering Period**

05/09/2008

through

05/19/2008

5. (a) Date of Public Distribution(s)

05/19/2008

(b) Communication Title

ROD WRIGHT RADIO

6. The filer is a(n): (a) Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes

No ☒**8. Custodian of Records**

(a) Name

M. IQBAL BHOLAT

(b) Address (number and street)

525 SOUTH VIRGIL AVENUE

(c) City, State and ZIP Code

LOS ANGELES, CA 90020

(d) Name of Employer or Principal Place of Business

(e) Occupation

CALIFORNIA ASSOCIATION OF REALTORS

CONTROLLER

9. Total Donations This Statement

1,136.25

10. Total Disbursements/Obligations This Statement

100,015.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

CARY DAVIDSON

SIGNATURE

DATE 05/20/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

28039732542

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 1 OF 1

11. Person(s) Sharing/Exercising Control

A. (a) Name DAVID HOWARD	
(b) Address (number and street) 980 9TH STREET, SUITE 1430	
(c) City, State and ZIP Code SACRAMENTO, CA 95814	
(d) Name of Employer or Principal Place of Business CALIFORNIA ASSOCIATION OF REALTORS	(e) Occupation POLITICAL AFFAIRS DIRECTOR
B. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE 1 OF 1

A. Full Name of Donor ALLIANCE FOR CALIFORNIA'S TOMORROW Mailing Address of Donor 1127 11TH STREET, SUITE 300 City State Zip SACRAMENTO, CA 95814	Date of Receipt 05/19/2008 Amount 1,136.25
B. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
C. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
D. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
E. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
SUBTOTAL of Donations This Page (optional) ▶ TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)	

1,136.25

28039732544

SCHEDULE 9-B

PAGE 1 OF 1

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KAUFMAN CAMPAIGN CONSULTANTS				Date of Disbursement or Obligation 05 09 2008	
Mailing Address of Payee 1510 J STREET, SUITE 210				Amount 100,015.00	
City SACRAMENTO,		State CA		Zip Code 95814	
Name of Employer _____				Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) RADIO BUY (ROD WRIGHT RADIO)					
Name of Federal Candidate MAXINE WATERS		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: CA District: 35	
				Disbursement/Obligation For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee					
Mailing Address of Payee _____					
City _____		State _____		Zip Code _____	
Name of Employer _____				Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) _____					
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶					
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)					
100,015.00					

28039732545

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	
N/A PREPARER	N/A DATE PREPARED

(5/2004)

28039732546