

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)
SEE INSTRUCTIONS ON REVERSE

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

Amendment No _____

Report No 341-20141018

Amendment (Explain Below)

Report covers period
from 07/01/2014
through 10/18/2014

Date of election if applicable:
(Month, Day, Year)
11/04/2014

Date Stamp
**RECEIVED
CITY CLERK**

14 OCT 27 AM 11:53

CITY OF COSTA MESA
BY _____ Mail

CALIFORNIA 1994 FORM 465

1 / 4

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
1322533

NAME OF FILER
Costa Mesa Police Officers Association Independent Expenditure Committee

STREET ADDRESS (NO P.O. BOX)
1415 L St Ste 410

CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento CA 95814 (916)556-1776
OPTIONAL: FAX/E-MAIL ADDRESS
(916)556-1233

Treasurer (If recipient committee)

NAME OF TREASURER
Wayne Ordos
MAILING ADDRESS
1415 L Street Suite 410

CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento CA 95814 (916)556-1776
OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

| NAME OF CANDIDATE | OFFICE SOUGHT OR HELD | CHECK ONE | |
|------------------------|----------------------------|-------------------|--------|
| | | SUPPORT | OPPOSE |
| <u>Katrina Foley</u> | <u>City Council Member</u> | | |
| NAME OF BALLOT MEASURE | BALLOT NO./LETTER | JURISDICTION | |
| | | <u>Costa Mesa</u> | X |

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

Please see attached pages

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

| | |
|---|--|
| Report covers period from _____ through _____ | CALIFORNIA 1994 FORM 465 2 / 4 |
| | I.D. NUMBER (If Recipient Com.) 1322533 |

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NAME OF FILER

Costa Mesa Police Officers Association Independent Expenditure Committee

4. Summary

| | | |
|---|-----------------|---------|
| 1. Total independent expenditures made of \$100 or more this period. (Part 3) | \$ | 1350.00 |
| 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 \$ | 1350.00 |

5. Filing Officers

Enter the official title and address of each filing officer with whom most recent campaign statements have been filed.

Please see attached pages

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 10/22/2014
DATE

By Wayne Ordos
SIGNATURE OF TREASURER OR AUTHORIZED OFFICER

Executed on _____
DATE

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

Executed on _____
DATE

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

Executed on _____
DATE

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

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

| | |
|----------------------|------------------------------------|
| Report covers period | CALIFORNIA 1994 FORM 465 |
| from _____ | |
| through _____ | 3 / 4 |

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NAME OF FILER

Costa Mesa Police Officers Association Independent Expenditure Committee

I.D. NUMBER (If Recipient Com.)

1322533

5. Filing Officers

Enter the official title and address of each filing officer with whom most recent campaign statements have been filed.

1) NAME OF FILING OFFICER

City of Costa Mesa City Clerk

ADDRESS

(NO. AND STREET)

77 Fair Dr

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626-

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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|----------------------|------------|------------------------------------|
| Report covers period | Date Stamp | CALIFORNIA 1994 FORM 465 |
| from _____ | | |
| through _____ | | 4 / 4 |
| | | For Official Use Only |

For use by an officeholder, candidate, or committee making independent expenditures totaling \$500 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.

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) |
|------------|--|----------------------------|--------|---|
| 10/10/2014 | Aerial Promotions Inc. 2830 E. Wardlow Road Long Beach CA 90807 Reference No: | Aerial Banner | 675.00 | 1350.00 |
| 10/18/2014 | Aerial Promotions Inc. 2830 E. Wardlow Road Long Beach CA 90807 Reference No: | Aerial Banner | 675.00 | 1350.00 |