Supplemental Independent	Type or print in ink.	SUPPLEMENTAL INDEPENDENT EXPENDITURE  Report covers period Date Stamp CALLEGENIA 4 5					
Expenditure Report (Government Code Sections 84203.5) SEE INSTRUCTIONS ON REVERSE	Amounts may be rounded to whole dollars.	from10/01.	/2014	CITY CLERK		ALIFORNIA 994 FORM	65
	Amendment (Explain Below)	through10/18	/2014			1 / 4	
Amendment No		Date of election if (Month, Day		OCT 27 /	AM II: 56	For Official Use O	nly
Report No 90-20141018		_   _  11/04/		165311	AMICA		
1. Committee/Filer Information	I.D. NUMBER (if recipient committee) 1291884	Treasure	(If recipient committee	9)			
NAME OF FILER Orange County Employees Association Independent Expenditure Committee							
Grange Gounty Employees Association independent	Experialitare Committee	Wayne Ordo					
STREET ADDRESS (NO P.O. BOX)	·	1415 L St St					
1415 L Street Suite 410		1410 L 01 01	6410				
CITY STATE ZIP CODE	E AREA CODE/PHONE	CITY		STATE	ZIP CODE	AREA CODE/PHO	NE
Sacramento CA 95814	(916)556-1776	Sacramento		CA	95814	(916)556-1	776
OPTIONAL: FAX/E-MAIL ADDRESS (916)556-1233		OPTIONAL: FAX	/E-MAIL ADDRESS				
2. Name of Candidate or Measure Suppo	rted or Opposed					CHEC	CK ONE
NAME OF CANDIDATE	OFFICE SOUGHT OR HELD			SUPPORT			
Jay Humphrey	City Council Member						
NAME OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION			x	
			Costa	Mesa			

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

Please see attached pages

## Type or print in ink. SUPPLEMENTAL INDEPENDENT EXPENDITURE Supplemental Independent Amounts may be rounded Report covers period **CALIFORNIA Expenditure Report** to whole dollars. 1994 FORM from through \_ 2/4 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER (If Recipient Com.) Orange County Employees Association Independent Expenditure Committee 1291884 4. Summary 1. Total independent expenditures made of \$100 or more this period. (Part 3) 925.73

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

2. Total independent expenditures under \$100 made this period. (Not itemized.)

## 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 complete.

Executed on	By Wayne Order SIGNATURE OF TREASURER C
Executed on	By
Executed on	BySIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on	BySIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

0.00

925.73

## Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE Report covers period CALIFORNIA 165

	Aponantino Moport		from	1994 FORM <b>403</b>		
	INSTRUCTIONS ON REVERSE		through	3/4		
	<b>ME OF FILER</b> ange County Employees Association Independent Expenditure Commit	ttee		I.D. NUMBER (If Recipient Com.) 1291884		
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					
	Secretary of State Political Reform Division					
	ADDRESS	(NO. AND STREET)				
	1500 11th Street Room 495					
	CITY		STATE	ZIP CODE		
	Sacramento		CA	95814		

## 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.

Report covers period	Date Stamp		
from			
through			

CALIFORNIA 465

4/4

For Official Use Only

\$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.

For use by an officeholder, candidate, or committee making independent expenditures totaling

3. Independe	3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.  CUMULATIVE TO DATE						
DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CALENDAR YEAR (JAN.1 - DEC.31)			
10/02/2014	Anchor Printing 649 S B St	Printing	450.00	925.73			
	Tustin CA 92780 Reference No:						
10/02/2014	Mailing Pros 5261 Business Dr	Mail house	115.65	925.73			
	Huntington Beach CA 92649 Reference No:						
10/02/2014	Orange County Employees Association 830 N Ross Street	Postage	360.08	925.73			
	Santa Ana CA 92701 Reference No:						