

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.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA 1994 FORM **465**

Amendment No _____
Report No 53-20141018

Amendment (Explain Below)

Report covers period
from 10/01/2014
through 10/18/2014
Date of election if applicable:
(Month, Day, Year)
11/04/2014

Date Stamp
**RECEIVED
CITY CLERK**
14 OCT 27 AM 11:55
CITY OF COSTA MESA
Mail

1 / 5
For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
1323167

Treasurer (If recipient committee)

NAME OF FILER
Orange County Employees Association Issues Committee

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	<u>(916)556-1776</u>

OPTIONAL: FAX/E-MAIL ADDRESS

NAME OF TREASURER
Wayne Ordos

MAILING ADDRESS
1415 L St
Ste 410

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	<u>(916)556-1776</u>

OPTIONAL: FAX/E-MAIL ADDRESS
(916)556-1233

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD		CHECK ONE	
			SUPPORT	OPOSE
NAME OF BALLOT MEASURE <u>Proposed City Charter</u>	BALLOT NO./LETTER <u>O</u>	JURISDICTION <u>City of Costa Mesa</u>		<u>X</u>

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

Please see attached pages

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Report covers period from _____ through _____	CALIFORNIA 1994 FORM 465 2 / 5 I.D. NUMBER (If Recipient Com.) 1323167
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NAME OF FILER

Orange County Employees Association Issues Committee

4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3)	\$	10236.41
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 \$	10236.41

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 10/21/2014
DATE

By Wayne Ord
SIGNATURE OF TREASURER

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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from _____	
through _____	3 / 5

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NAME OF FILER

Orange County Employees Association Issues Committee

I.D. NUMBER (if Recipient Com.)

1323167

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

Sacramento

STATE

CA

ZIP CODE

95814

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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)
10/02/2014	Anchor Printing 649 South B Street Tustin CA 92780 Reference No:	Printing	450.00	11783.34
10/08/2014	Anchor Printing 649 South B Street Tustin CA 92780 Reference No:	Printing	1838.16	11783.34
10/15/2014	Anchor Printing 649 South B Street Tustin CA 92780 Reference No:	Printing	1709.64	11783.34
10/02/2014	Mailing Pros 5261 Business Dr. Huntington Beach CA 92649 Reference No:	Mail house	115.64	11783.34
10/07/2014	Mailing Pros 5261 Business Dr. Huntington Beach CA 92649 Reference No:	Mailhouse	399.90	11783.34
10/15/2014	Mailing Pros 5261 Business Dr. Huntington Beach CA 92649 Reference No:	Mailhouse	289.90	11783.34
10/02/2014	Orange County Employees Association 830 N Ross Santa Ana CA 92701 Reference No:	Postage	360.07	11783.34
10/08/2014	Orange County Employees Association 830 N Ross Santa Ana CA 92701 Reference No:	Postage	1256.55	11783.34

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DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
10/16/2014	Orange County Employees Association 830 N Ross Santa Ana CA 92701 Reference No:	Postage	1256.55	11783.34
10/02/2014	Our California Latino Voters Guide - Slate Mailer 930 Colorado Blvd Building 2 Los Angeles CA 90041 Reference No:	Slate Mailer	400.00	11783.34
10/09/2014	S & S Printers 2100 West Lincoln Ave. Anaheim CA 92801 Reference No:	Printing	2160.00	11783.34