

# 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 from <u>10/01/2014</u> through <u>10/18/2014</u>	Date Stamp <b>OCT 27 AM 11:56</b> <i>RECEIVED CITY CLERK</i> <i>CITY OF COSTA MESA</i> <i>Mail</i>	CALIFORNIA 1994 FORM <b>465</b>
Date of election if applicable: (Month, Day, Year) <u>11/04/2014</u>	1 / 4	
		For Official Use Only

Amendment No \_\_\_\_\_  
Report No 89-20141018

Amendment (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)  
1291884

NAME OF FILER  
Orange County Employees Association Independent Expenditure Committee

STREET ADDRESS (NO P.O. BOX)  
1415 L Street Suite 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

## Treasurer (If recipient committee)

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

## 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	
		<u>Costa Mesa</u>	

## 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 _____	<b>CALIFORNIA 1994 FORM 465</b>  2 / 4
Orange County Employees Association Independent Expenditure Committee	I.D. NUMBER (If Recipient Com.) 1291884

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

## 4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3) .....	\$	925.72
2. Total independent expenditures under \$100 made this period. (Not itemized.) .....	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.) .....	<b>TOTAL</b> \$	<b>925.72</b>

## 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 O. [REDACTED]  
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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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period	<b>CALIFORNIA 1994 FORM 465</b>
from _____	
through _____	3 / 4

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NAME OF FILER

Orange County Employees Association Independent Expenditure Committee

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

Sacramento

STATE

CA

ZIP CODE

95814

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		4 / 4
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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 S B St Tustin CA 92780 Reference No:	Printing	450.00	925.72
10/02/2014	Mailing Pros 5261 Business Dr Huntington Beach CA 92649 Reference No:	Mail house	115.64	925.72
10/02/2014	Orange County Employees Association 830 N Ross Street Santa Ana CA 92701 Reference No:	Postage	360.08	925.72