Recipient Committee			_	0-00		COVER PAGE	
C	ampaign Statement overnment Code Sections 84200-84216.5)	Type or print in	ink.	TE Cleans System [) CA	ALIFORNIA 2001/02 FORM	
	,	Statement covers period from 10/19/2014	Date of election if applicable:5 (Month, Day, Year)	FC0 -	3: 43	1 / 15 For Official Use Only	
SEE	INSTRUCTIONS ON REVERSE	through 12/31/2014	B. Y. C. L. L.	Y OF COSTA ME	SA	,	
1.	Type of Recipient Committee: All Commit ☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall (Also Complete Part 5.) ☑ General Purpose Committee ⑥ Sponsored ⑥ Small Contributor Committee ⑥ Political Party/Central Committee	tees - Complete Parts 1,2,3, and 4. Ballot Measure Committee O Primary Formed O Controlled O Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	2. Type of Stateme Pre-election Statem Semi-annual Statem Termination Statem Amendment (Explain	nent nent nent	☐ Speci	terly Statement lal Odd-Year Report lemental Preelection ment - Attach Form 495	
3.	Committee Information	I.D.NUMBER 1322533	Treasurer(s)				
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Costa Mesa Police Officers Association Independent Expenditure Committee	NAME OF TREASURER Wayne Ordos					
	STREET ADDRESS (NO P.O. BOX) 1415 L St Ste 410	_	MAILING ADDRESS 1415 L Street, Suite 410				
	CITY STATE ZIP COL Sacramento CA 95814	DE AREA CODE/PHONE 916/556-1776	CITY Sacramento	STATE CA	ZIP CODE 95814	AREA CODE/PHONE (916) 556-1776	
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	X	NAME OF ASSISTANT TREASURI	ER, IF ANY			
	CITY STATE ZIP COL	E AREA CODE/PHONE	MAILING ADDRESS				
	OPTIONAL: FAX/E-MAIL ADDRESS (916) 556-1233		CITY	STATE	ZIP CODE	AREA CODE/PHONE	
			OPTIONAL: FAX/E-MAIL ADDRESS	s			
4.	DATE			nation contained he nd correct.	rein and in th	ne attached schedules	
		NTROLLING OFFICEHOLDER, CANDIDATE, STAT	TE MEASURE PROPONENT OR RESPONSIBLE	OFFICER OF SPONSOR			
	Executed on By Executed on By	SIGNATURE OF CONTROLLING OFFICEHOLDER	R, CANDIDATE, STATE MEASURE PROPONENT			FPPC Form 460 (JAN/05)	
		SIGNATURE OF CONTROLLING OFFICEHOLDER					

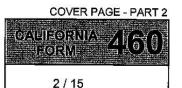
Recipient Committee Campaign Statement Cover Page - Part 2

CITY

STATE

ZIP CODE

AREA CODE/PHONE



5. Officeholder or Candidate Controlled Committee 6. Ballot Measure Committee NAME OF OFFICEHOLDER OR CANDIDATE NAME OF BALLOT MEASURE OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) BALLOT NO. OR LETTER JURISDICTION SUPPORT **OPPOSE** RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT Related Committees Not Included in this Statement: List any committees OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy. COMMITTEE NAME I.D.NUMBER 7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed. NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT NAME OF TREASURER CONTROLLED COMMITTEE? ☐ YES ☐ NO OPPOSE COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX) NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT CITY STATE ZIP CODE AREA CODE/PHONE OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD COMMITTEE NAME I.D.NUMBER SUPPORT OPPOSE. NAME OF TREASURER NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD CONTROLLED COMMITTEE? SUPPORT YES ☐ NO OPPOSE COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX) Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Costa Mesa Police Officers Association Independent Expenditure Committee

Contributions Received

Column A
TOTAL THIS PERIOD
CALENDAR YEAR
CA

		Walls .			<u> </u>	22533			
Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections				
1. Monetary Contributions Schedule A, Line 3	\$	0.00	. \$	6110.00					
2. Loans Received Schedule B, Line 7		0.00	-	0.00	STATE AND AN ASSESSMENT	ugh 6/30	7/1 to	Date	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	. \$	6110.00	20. Contribution Received \$	0.00	\$	0.00	
4. Nonmonetary Contributions Schedule C, Line 3		0.00	·	0.00	04 5	<u> </u>			
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4		0.00	\$	6110.00	21. Expenditures Made \$	0.00	\$	0.00	
Expenditures Made	418656				Expenditure Limit S	ummar	y for Stat	e.	
6. Payments Made Schedule E, Line 4	\$	11780.98	\$	14480.98	Candidates				
7. Loans Made Schedule H, Line 7	-	0.00		0.00	22. Cumulative	Expend	ditures Ma	de*	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	11780.98	\$	14480.98	(If Subject to Vol	untary Expenditure Limit)			
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0.00		0.00	Date of Election		Total to Dat	te	
10. Nonmonetary Adjustment Schedule C, Line 3		0.00	2 S	0.00	(mm/dd/yy)				
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	11780.98	\$	14480.98		\$			
Current Cash Statement						\$			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	23215.84	11 100000000000000000000000000000000000	Iculate Column B, add					
13. Cash Receipts Column A, Line 3 above		0.00		nts in Column A to the sponding amounts					
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	of accommendation and the	Column B of your last :. Some amounts in					
15. Cash Payments Column A, Line 8 above	8 	11780.98	Colun	nn A may be negative	i				
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	11434.86		s that should be acted from previous					
If this is a termination statement, Line 16 must be zero.			period	I amounts. If this is st report being filed					
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for thi	s calendar year, only over the amounts					
Cash Equivalents and Outstanding Debts	,,,		from L any).	lines 2, 7, and 9 (if	*Since January 1, 2001. Ar	nounts in	this section r	may be	
18. Cash Equivalents See instructions on reverse	\$	0.00	,		different from amounts rep			nay be	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00	1						
					FPPC Toll-Fre	FPPC ee Helplin	Form 460 J ie: 866/ASK	AN/05 -FPPC	

Schedule D	
Summary of Expenditures	
Supporting/Opposing Other	
Candidates, Measures and Committe	es

Type or print in ink.
Amounts may be rounded

	SCHEDULE D
Statement covers period	CALIFORNIA 460

5297 ES (SES)	tes, Measures and Committees	to whole do	llars.	from		FORM	400
Service of the servic	ONS ON REVERSE			through		4 /	15
NAME OF FILER						I.D. NUMBE	R
Costa Mesa P	Police Officers Association Independent Expenditure Comm	ittee]	1322533	
DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMMULATIVE TO CALENDAR YE/ JAN.1 - DEC. 31)	DATE AR	PER ELECTION TO DATE (IF REQUIRED)
10/21/2014	Katrina Foley City Council Member City	Monetary Contribution Non-Monetary Contribution	TShirts	340.00	722	228.90	
	District No: ☐ Support ☐ Oppose	IX Independent Expenditure		9	*		
10/21/2014	Jay Humphrey City Council Member City	Monetary Contribution Non-Monetary Contribution	TShirts	340.00	722	28.90	
	District No: ☐ Support ☐ Oppose	Independent Expenditure		Ē			
10/29/2014	Katrina Foley City Council Member City	Monetary Contribution Non-Monetary Contribution	Mailer	2740.22	722	28.90	
	District No:	[X] Independent					
	Support □ Oppose	Expenditure					
			SUBTOTAL	\$			
1. Contributi	D Summary ons and independent expenditures made this period o ed contributions and independent expenditures made t			book formulation monorable score - some monorable score			11757.80 0.00
3. Total cont	tributions and independent expenditures made this per	riod. (Add Lines 1 an	d 2. Do not enter on t	he Summary Pac	ie.) TO T	TAL \$	11757.80

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

	SCHEDULE D
Statement covers period	CALIFORNIA 460

Candidat	tes, Measures and Committees	to whole do	mars.	from	FOR	IVI	700	
SEE INSTRUCTION	ONS ON REVERSE			through		5 / 15		
NAME OF FILER					•	I.D. NUME	BER	
Costa Mesa F	Police Officers Association Independent Expenditure Comm	nittee			200000000000000000000000000000000000000	132253	3	
DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMMULATIVE TO CALENDAR YE JAN.1 - DEC. 31	D DATE	3.0	
10/29/2014	Jay Humphrey City Council Member City District No: Support Oppose	Monetary Contribution Non-Monetary Contribution Independent Expenditure	Mailer	2740.23	72	28.90		71.
10/30/2014	Katrina Foley City Council Member City District No: Support Oppose	Monetary Contribution Non-Monetary Contribution Independent Expenditure	Voter Data	70.43	72	28.90	19	
10/30/2014	Katrina Foley City Council Member City District No: Support □ Oppose	Monetary Contribution Non-Monetary Contribution IX Independent Expenditure	Design and Production Mailer	of 170.00	72	28.90	V	
			SUBTOTAL \$					
 Contributi Uniternize 	D Summary ions and independent expenditures made this period of the contributions and independent expenditures made to	this period of under \$	100			\$		
Total conf	tributions and independent expenditures made this pe	riod. (Add Lines 1 an	d 2. Do not enter on th	e Summary Pag	e.) TO	TAL \$		

Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees			Type or print Amounts may be to whole do	e rounded				FORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE				through			6 / 15		
NAME OF FILER Costa Mesa P	olice Officers Association Indep	endent Expenditure Commi	ttee					UMBER 2533		
DATE	CANDIDATE AMEASURE AND JURISDI		TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMMULATIVE 1 CALENDAR YI JAN.1 - DEC. 3	O DATE	PER ELECTION TO DATE (IF REQUIRED)		
10/30/2014	Katrina Foley City Council Member City		Monetary Contribution Non-Monetary	Newspaper Ad	604.13	1.13 722		7228.90		
		District No:	Contribution Independent Expenditure							
10/30/2014	Katrina Foley City Council Member City		Monetary Contribution Non-Monetary Contribution	Newspaper Ad	604.12	72	228.90			
		District No:	Independent Expenditure							
10/30/2014	Katrina Foley City Council Member City Support	District No: ☐ Oppose	Monetary Contribution Non-Monetary Contribution Independent Expenditure	Aerial Banner	1350.00	72	228.90			
				SUBTOTAL	\$					
1. Contribution	D Summary ons and independent expend d contributions and independ						\$			

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

	SCHEDULE
Statement covers period from	CALIFORNIA 460
through	7 / 15

Candidates, Measures and Committees							_	
	ONS ON REVERSE	through		7 / 15				
NAME OF FILER	3			- Carlo			I.D. NU	JMBER
Costa Mesa P	Police Officers Association Indep	endent Expenditure Comn	nittee				1322	2533
DATE	CANDIDATE MEASURE AND JURISD	AND OFFICE, ICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMMULATIVE T CALENDAR YI JAN.1 - DEC. 3	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/30/2014	Jay Humphrey City Council Member City	District No:	Monetary Contribution Non-Monetary Contribution Independent	Design and Production Mailer	of 170.00	72	228.90	
		Expenditure						
10/30/2014	Jay Humphrey City Council Member City	D	Monetary Contribution Non-Monetary Contribution	Voter Data	70.42	72	228.90	****
	E Current	District No:	Independent Expenditure					
		☐ Oppose		2075				
10/30/2014	Jay Humphrey City Council Member City		Monetary Contribution Non-Monetary Contribution	Newspaper Ad	604.12	72	228.90	
		District No:	Independent					
		☐ Oppose	Expenditure			100		
				SUBTOTAL				
Contribution Uniternize	D Summary ons and independent expend of contributions and independ	ent expenditures made	this period of under \$	100			\$	
o. Total com	ributions and independent ex	periolitires made this pe	erioa. (Add Lines 1 and	a 2. Do not enter on th	ne Summary Pag	e.) T O	IAL\$	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Costa Mesa Police Officers Association Independent Expenditure Committee CANDIDATE AND OFFICE, MEASURE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE TYPE OF PAYMENT (IF REQUIRED) AMOUNT THIS PERIOD CALENDAR YEAR JUNI- DEC. 31) IDISTRICT NO: District No:	Supportin	e D y of Expenditures ng/Opposing Other es, Measures and Committees	Type or print Amounts may b to whole do	e rounded	Statement co	vers period		25/25	460
Costa Mesa Police Officers Association Independent Expenditure Committee 1322533		ONS ON REVERSE	12-40		through				
MEASURE AND JURISDICTION, OR COMMITTEE MEASURE AND JURISDICTION, OR COMMITTEE MEASURE AND JURISDICTION, OR COMMITTEE MORE OF PAYMENT (IF REQUIRED) MORE TO DATA (IF REQUIRED) PERIOD CALENDAR YEAR JAN.1 - DEC. 31) TO DATA (IF REQUIRED) Newspaper Ad 604.13 7228.90 District No: Independent Expenditure To DATA (IF REQUIRED) Newspaper Ad 10/30/2014 Aerial Banner 1350.00 7228.90 To DATA (IF REQUIRED) Non-Monetary Contribution Non-		olice Officers Association Independent Expenditure Committee	ee						
City Council Member City District No: Support Oppose 10/30/2014 District No: Dis	DATE		TYPE OF PAYMENT			CALENDAR Y	EAR	TO DA	ATE
City Council Member City Non-Monetary Contribution District No: Contribution Contribution	10/30/2014	City Council Member City District No:	Non-Monetary Contribution	Newspaper Ad	604.13	7:	228.90		
	10/30/2014	City Council Member City District No:	Non-Monetary Contribution	Aerial Banner	1350.00	72	228.90		
		•							
SUBTOTAL \$ 11757.80			100 C	SUBTOTAL	\$ 11757.80				

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)\$

2. Unitemized contributions and independent expenditures made this period of under \$100\$

Schedule D Summary

FPPC Form 460 (JAN/05) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CANTIFORNIA A LEAVA
from	EORW I AVA
through	9/15
	I.D. NUMBER
	1322533

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Costa Mesa Police Officers Association Independent Expenditure Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances		returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks		candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*		postage, delivery and messenger services		transfer between committees of the same candidate/sponsor
LEG	legal defense		professional services (legal, accounting)		voter registration
LIT	campaign literature and mallings		print ads		information technology costs (internet, email)
	NAME AND ADDRESS OF DAYER OF SPECIFOR				

LIT campaign literature and mallings	PRT print ads	-	WEB information technology costs	(internet, email)
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Aerial Promotions Inc. 2830 E. Wardlow Road	ID:	IND	Aerial Banner To support Jay Humphrey	1350.00
Long Beach CA 90807				
Aerial Promotions Inc. 2830 E. Wardlow Road	ID:	IND	Aerial Banner To support Katrina Foley	1350.00
Long Beach CA 90807				
Costa Mesa Police Officers Assoc 99 Fair Dr	ID:	IND	TShirts To support Jay Humphrey	340.00
Costa Mesa CA 92626				

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

1.	. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	11757.80
2.	. Unitemized payments made this period of under \$100.	23.18
3.	. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0.00
4.	. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	11780.98

Schedule E **Payments Made**

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

SCHEDULE E		
CALIFORNIA ALCAO		
A A A		
10 / 15		
I.D. NUMBER		

,	το	whole dollars.		from		
SEE INSTRUCTIONS ON REVERSE				through	10 / 15	
NAME OF FILER	000000		-		I.D. NUMBER	
Costa Mesa Police Officers Association Independent Expenditure (Committee				1322533	
CODES: If one of the following codes accurately describes	the payment, you i	may enter the c	code. Otherwise,	describe the payment.	8	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings ar OFC office expen PET petition circl PHO phone bank POL polling and a POS postage, de PRO professional PRT print ads	nd appearances nses ulating s s survey research elivery and messens	ger services ecounting)	RAD radio airtime and produ RFD returned contributions SAL campaign workers' sala TEL. t.v. or cable airtime and TRC candidate travel, lodgin TRS staff/spouse travel, lodg TSF transfer between comm VOT voter registration WEB information technology	aries d production costs lg, and meals ging, and meals nittees of the same candidate/sp	onsc
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESC	RIPTION OF PAYMENT	AMOUNT PAI	JD
Costa Mesa Police Officers Assoc 99 Fair Dr	ID:	IND TS	Shirts To support K	atrina Foley	340	.00
Costa Mesa CA 92626			460 2027			
Costa Mesa Police Officers Assoc 99 Fair Dr	ID:	IND Ne	ewspaper Ad To su	pport Jay Humphrey	604	.13
Costa Mesa CA 92626						
Costa Mesa Police Officers Assoc 99 Fair Dr	ID:	IND Ne	wspaper Ad To su	pport Jay Humphrey	604.	.12
Costa Mesa CA 92626						
* Payments that are contributions or independent expenditures must also	so be summarized on	Schedule D.		SI	UBTOTAL \$	
Schedule E Summary			al al			
1. Payments made this period of \$100 or more. (Include all \$	Schedule E subtota	als.)			\$	_
2. Unitemized payments made this period of under \$100.		2.50				
3. Total interest paid this period on loans. (Enter amount from						100
4. Total payments made this period. (Add lines 1, 2, and 3. I	Enter here and on	the Summary	Page, Column A,	Line 6.) T (OTAL \$	

Schedule E

Type or print in ink.

	SCHEDULE E
Statement covers period	CALIFORNIA ALGYO
from	
through	11 / 15
	I.D. NUMBER
	1

Amounts may be rounded **Payments Made** to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Costa Mesa Police Officers Association Independent Expenditure Committee 1322533 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* IND POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	EDITOR	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Costa Mesa Police Officers Assoc 99 Fair Dr	ID:	IND	Newspaper Ad To support Katrina Foley	604.13
Costa Mesa CA 92626				
Costa Mesa Police Officers Assoc 99 Fair Dr	ID:	IND	Newspaper Ad To support Katrina Foley	604.12
Costa Mesa CA 92626				
James Klein Creative 27405 Puerta Real Suite 130	ID:		Design and Production of Mailer	340.00
Mission Vieio CA 92691	200			İ

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$

Schedule E Summary

1.	Payments made this period of \$100 or more. (Include all Schedule E subtotals.)
2.	Unitemized payments made this period of under \$100.
3.	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
4.	Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

Schedule E **Payments Made**

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

Statement covers period	GALIEORYNA Y AVAY
from	TEORN 1410AU
through	. 12 / 15
	I.D. NUMBER

2.	1.0.00			from	-	
SEE INSTRUCTIONS ON REVERSE				through	_ 1	2 / 15
NAME OF FILER		7.7			I.D. NUM	/BER
Costa Mesa Police Officers Association Independent Expenditure (Committee				132253	33
CODES: If one of the following codes accurately describes	the payment, you r	nay enter t	he code. Otherwise,	, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member cor MTG meetings an OFC office expen PET petition circu PHO phone bank POL polling and s POS postage, del PRO professional PRT print ads	nd appearance uses ulating s survey researd livery and mes	es ch	RAD radio airtime and product returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and TRC candidate travel, lodging staff/spouse travel, lodg TSF transfer between commit vot voter registration information technology of	ries production co g, and meals ing, and mea ittees of the s	ils ame candidate/spons
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DESC	RIPTION OF PAYMENT		AMOUNT PAID
Political Data Inc. 12501 Imperial Hwy	ID:		Voter Data			140.85
Norwalk CA 90650						
Ryan Press 6400 Dale Street	JD:	IND	Mailer To support Ka	itrina Foley		2740.22
Buena Park CA 90621						
Ryan Press 6400 Dale Street	ID:	IND	Mailer To support Ja	y Humphrey		2740.23
Buena Park CA 90621						
* Payments that are contributions or independent expenditures must also	so be summarized on	Schedule D.	•	su	BTOTAL \$	11757.80
Schedule E Summary		10				
1. Payments made this period of \$100 or more. (Include all 5	Schedule E subtota	als.)			\$	2003
0.11.9						

1.	Payments made this period of \$100 or more. (include all Schedule E subtotals.)
2.	Unitemized payments made this period of under \$100.
3.	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
4.	Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

SCH	EDI	11 -
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Type or print in ink. Amounts may be rounded

() () () () () () () () () ()	
Statement covers period	CALIFORNIA 460

Accrued Expenses (Unpaid Bills)	to whole dollars	to whole dollars.			FORM 400	
SEE INSTRUCTIONS ON REVERSE			through		13 / 15	
NAME OF FILER				I.D. NUM	MBER	
Costa Mesa Police Officers Association Independent Expendi	ture Committee			13225		
CODES: If one of the following codes accurately described	ribes the payment, you may ent	er the code. Otherw	ise, describe the pay			
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese	ons inces earch messenger services	RAD radio airtin RFD returned c SAL campaign TEL t.v. or cabl TRC candidate TRS staff/spous TSF transfer be VOT voter regis	ne and production costs contributions workers' salaries le airtime and production travel, lodging, and meals the etween committees of the	s eals same candidate/sponso	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.O. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
ID: James Klein Creative 27405 Puerta Real Suite 130 Mission Viejo CA 92691	See Schedule E for codes or descriptions.	0.00	340.00	340.00	0.00	
Political Data Inc. 12501 Imperial Hwy	See Schedule E for codes or descriptions.	0.00	140.85	140.85	0.00	
Norwalk CA 90650				4. m		
* Downsonts that are notified to						
* Payments that are contributions or independent expenditures must a summarized on Schedule D.	SUBTOTALS	\$ 0.00	\$ 480.85\$	480.85 \$	0.00	
Schedule F Summary						
 Total accrued expenses incurred this period. (Include accrued expenses of \$100 or more, plus total unitemized) 	zed accrued expenses under \$	100.)	INCUI	RRED TOTALS \$ _	480.85	
Total accrued expenses paid this period. (Include all S accrued expenses of \$100 or more, plus total unitemized.)	Schedule F, Column (c) subtotal zed payments on accrued expe	ls for payments on nses under \$100.)		PAID TOTALS \$	480.85	
3. Net change this period. Subtract Line 2 from Line 1. on the Summary Page, Column A, Line 9.)	Enter the difference here and			NET\$_	0.00	

NET \$
May be a negative number. FPPC Form 460 (JAN/05) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G Payments Made by an Agent or Independer Contractor (on Behalf of This Committee)	nt	Amount	or print in ink. s may be rounded vhole dollars.	State	ement covers period	CALIFO	
SEE INSTRUCTIONS ON REVERSE				through		. 14	4 / 15
NAME OF FILER Costa Mesa Police Officers Association Independent Expenditure	Committee				, , , , , , , , , , , , , , , , , , ,	I.D. NUMBI	ER .
NAME OF AGENT OR INDEPENDENT CONTRACTOR						1322533	
Costa Mesa Police Officers Assoc CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member commettings a office experience office experience of petition circle. PHO phone bar polling and postage, dependence of profession profession profession of print ads	ommunication and appearan enses culating aks d survey resea lelivery and m al services (le	ns ces	RAD RFD SAL TEL TRC TRS TSF VOT	re the payment. radio airtime and product returned contributions campaign workers' salart.v. or cable airtime and candidate travel, lodging staff/spouse travel, lodgitransfer between commit voter registration information technology of	ies production cos , and meals ing, and meals ttees of the sa	s me candidate/sponso
* Payments that are contributions or independent expenditures must also be s NAME AND ADDRESS OF PAYEE OR CREDITOR	summarized on Schedu		- Control of the Cont		CONTRACTOR OF THE CONTRACTOR O		* ***
Axon Graphics 1181 E Elm Ave Suite B Fullerton CA 92831	ID:	CODE	Graphics	DESCRIPTION OF I	PAYMENT		680.00
Daily Pilot 1375 Sunflower Ave	ID:	PRT			1.00		2416.50

ID:

ID:

CA 92626

Costa Mesa

ID: Attach additional information on appropriately labeled continuation sheets. TOTAL* \$ 3096.50 * Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or

independent contractor as reported on Schedule E.

Schedule G		Type or print in ink.		SCHEDULE G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	nt	Amounts may be rounded to whole dollars.	Statement covers period	FORM 460
SEE INSTRUCTIONS ON REVERSE			through	15 / 15
NAME OF FILER Costa Mesa Police Officers Association Independent Expenditure C	Committee	1925	•	I.D. NUMBER 1322533
NAME OF AGENT OR INDEPENDENT CONTRACTOR Ryan Press				
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be supported.	MBR member of MTG meetings OFC office exp PET petition of PHO phone ba POL polling an POS postage, of PRO profession PRT print ads	communications and appearances enses rculating nks d survey research delivery and messenger services nal services (legal, accounting)	RAD radio airtime and product RFD returned contributions SAL campaign workers' salari- TEL t.v. or cable airtime and p TRC candidate travel, lodging, TRS staff/spouse travel, lodging	es production costs and meals ng, and meals tees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postal Service 2230 Fairview Rd Costa Mesa CA 92677	ID:	POS		1180.00

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postal Service ID: 2230 Fairview Rd	POS		1180.00
Costa Mesa CA 92677			
ID:			
ID:			
ID:	20150		
	e	6	
ID:			
Attach additional information on appropriately labeled continuation sho	eets.		TOTAL* \$ 1180.0

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.