

**Recipient Committee  
Campaign Statement  
Cover Page**

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15 APR 28 AM 11: 01  
CITY OF COSTA MESA  
BY [REDACTED]

COVER PAGE

**CALIFORNIA FORM 460**  
Page 1 of 6  
For Official Use Only

Statement covers period  
from 01/01/2015  
through 06/30/2015

Date of Election if applicable  
15 APR 28 AM 11: 01  
(Month, Day, Year)

**1. Type of Recipient Committee**

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

**2. Type of Statement**

- Pre-election Statement
- Semi-Annual Statement
- Termination Statement
- Amendment
- Quarterly Statement
- Special Odd-Year Statement
- Supplemental Pre-election Statement - Attach Form 495

**3. Committee Information**

I.D. Number 1244504

COMMITTEE NAME  
Costa Mesa Police Officers Association Political Action Committee

STREET ADDRESS (NO PO BOX)  
1415 L Street, Suite 410

CITY STATE ZIP CODE AREA CODE/PHONE  
Sacramento CA 95814 916/556-1776

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

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

**Treasurer(s)**

NAME OF TREASURER  
Wayne Ordos

STREET ADDRESS  
1415 L St Ste 410

CITY STATE ZIP CODE AREA CODE/PHONE  
Sacramento CA 95814 916/556-1776

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury and [REDACTED] is true and correct.

Executed on 4/21/15 By [REDACTED] ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee  
Campaign Statement  
Cover Page - Part 2**

Statement covers period  
from 01/01/2015  
through 06/30/2015

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD ( INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS ( NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE STREET ADDRESS ( NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE STREET ADDRESS ( NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER OR CANDIDATE OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**7. Primarily Formed Candidate/Officeholder 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Campaign Disclosure Statement  
Summary Page**

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2015	
through	06/30/2015	
		Page 3 of 6

NAME OF FILER Costa Mesa Police Officers Association Political Action Committee

I.D. NUMBER  
1244504

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>		
1. Monetary Contributions . . . . . Schedule A, Line 3	\$ 0.00	\$ 0.00
2. Loans Received . . . . . Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS . . . . . Add Lines 1 + 2	\$ 0.00	\$ 0.00
4. Nonmonetary Contributions . . . . . Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED . . . . . Add Lines 3 + 4	\$ 0.00	\$ 0.00

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections.**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

	Column A	Column B
<b>Expenditures Made</b>		
6. Payments Made . . . . . Schedule E, Line 4	\$ 33,557.55	\$ 33,557.55
7. Loans Made . . . . . Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS . . . . . Add Lines 6 + 7	\$ 33,557.55	\$ 33,557.55
9. Accrued Expenses (Unpaid Bills) . . . . . Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment . . . . . Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE . . . . . Add Lines 6 + 9 + 10	\$ 33,557.55	\$ 33,557.55

**Expenditure Limit Summary  
for State Candidates**

22. Cumulative Expenditures Made \*  
( If Subject to Voluntary Expenditure Limits)

_____	\$ _____
_____	\$ _____

\* Amounts in this Section may be different from amounts reported in Column B.

<b>Current Cash Statement</b>	
12. Beginning Cash Balance . . . . . Previous Summary Page, Line 16	\$ 33,557.55
13. Cash Receipts . . . . . Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash . . . . . Schedule I, Line 4	0.00
15. Cash Payments . . . . . Column A, Line 8 above	33,557.55
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0.00
17. LOAN GUARANTEES RECEIVED. . . . . Schedule B, Part 2	\$ 0.00

<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents . . . . .	\$ 0.00
19. Outstanding Debts. . . . . Add Lines 2 + Line 9 in Column B above	\$ 0.00

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2015	
through	06/30/2015	Page 4 of 6

NAME OF FILER Costa Mesa Police Officers Association Political Action Committee	I.D. NUMBER 1244504
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
02/25/2015	Costa Mesa Police Officers Assoc IEC	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		4,500.00	4,500.00	
	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE					

<b>SUBTOTAL \$</b>	4,500.00
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**Schedule D Summary**

1. Itemized contributions and independent expenditures made this period. ( Include all Schedule D subtotals. )	\$ 4,500.00
2. Unitemized contributions and independent expenditures made this period of under \$100.	\$ 0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	<b>TOTAL \$ 4,500.00</b>

**Schedule E  
Payments Made**

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2015	
through	06/30/2015	Page 5 of 6

NAME OF FILER Costa Mesa Police Officers Association Political Action Committee

I.D. NUMBER  
1244504

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airline 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 production costs
FIL candidate filing / ballot fees	PHO phone banks	TRC candidate travel, lodging and meals
FND fundraising expenses	POL polling and survey research	TRS staff/spouse travel, lodging and meals
IND independent expenditures supporting/opposing others	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet,e-mail)

NAME AND ADDRESS OF PAYEE	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Costa Mesa Police Officers Assoc IEC  1415 L Street Suite 410 Sacramento, CA 95814 ID No: 1322533	CTB		4,500.00
Costa Mesa Police Officers Association  99 Fair Drive Costa Mesa, CA 92626		Return of funds	27,007.55
Wayne Ordos Attorney at Law  1415 L St Ste 410 Sacramento, CA 95814	PRO		500.00
<b>SUBTOTAL \$</b>			<b>32,007.55</b>

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 33,507.55
2. Unitemized payments made this period of under \$100	\$ 50.00
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 Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 33,557.55</b>

**Schedule E (Continuation Sheet)  
Payments Made**

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2015	
through	06/30/2015	Page 6 of 6
NAME OF FILER Costa Mesa Police Officers Association Political Action Committee		I.D. NUMBER 1244504

**CODES:** If one of the following 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 production costs                            |
| FIL candidate filing / ballot fees                      | PHO phone banks                               | TRC candidate travel, lodging and meals                       |
| FND fundraising expenses                                | POL polling and survey research               | TRS staff/spouse travel, lodging and meals                    |
| IND independent expenditures supporting/opposing others | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense                                       | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                    | PRT print ads                                 | WEB information technology costs (internet,e-mail)            |

NAME AND ADDRESS OF PAYEE	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Wayne Ordos Attorney at Law 1415 L St Ste 410 Sacramento, CA 95814	PRO		500.00
Wayne Ordos Attorney at Law 1415 L St Ste 410 Sacramento, CA 95814	PRO		500.00
Wayne Ordos Attorney at Law 1415 L St Ste 410 Sacramento, CA 95814	PRO		500.00

**SUBTOTAL \$** 1,500.00