

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

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CALIFORNIA FORM 460

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<p>Statement covers period</p> <p>from <u>07/01/2012</u></p> <p>through <u>09/30/2012</u></p>	<p>Date of Election if applicable</p> <p><u>11/06/2012</u></p> <p>(Month, Day, Year)</p>
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1. Type of Recipient Committee

- | | |
|---|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Controlled |
| <input type="radio"/> Recall | <input checked="" type="radio"/> Sponsored |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
| <input type="radio"/> Sponsored | |
| <input type="radio"/> Small Contributor Committee | |
| <input type="radio"/> Political Party/Central Committee | |

2. Type of Statement

- | | |
|--|--|
| <input checked="" type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-Annual Statement | <input type="checkbox"/> Special Odd-Year Statement |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment | |

3. Committee Information

I.D. Number 1346919

COMMITTEE NAME

Taxpayers for Open and Accountable Government, No on Measure V, Sponsored by the Orange County Employees Association

STREET ADDRESS (NO PO BOX)

1415 L St Ste 410

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

MAILING ADDRESS (IF DIFFERENT)

CITY	STATE	ZIP CODE
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OPTIONAL: FAX / E-MAIL ADDRESS

(916) 556-1233 / ordoslaw@jps.net

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
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OPTIONAL: FAX / E-MAIL ADDRESS

(916) 556-1233 / ordoslaw@jps.net

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 under the laws of [redacted] foregoing is true and correct.

Executed on 10/4/12

By _____
TREASURER OR 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 07/01/2012
through 09/30/2012

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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

NAME OF TREASURER CONTROLLED COMMITTEE ?
 YES NO

COMMITTEE STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE ?
 YES NO

COMMITTEE STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
Costa Mesa Charter

BALLOT NO. OR LETTER JURISDICTION
V Costa Mesa
 SUPPORT
 OPPOSE

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

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
 SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
 SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
 SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
 SUPPORT
 OPPOSE

**Campaign Disclosure Statement
Summary Page**

Statement covers period		CALIFORNIA FORM 460
from	07/01/2012	
through	09/30/2012	Page 3 of 11

NAME OF FILER Taxpayers for Open and Accountable Government, No on Measure V, Sponsored by the Orange County Employees Association

I.D. NUMBER
1346919

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions Schedule A, Line 3	\$ 57,800.00	\$ 58,800.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2	\$ 57,800.00	\$ 58,800.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 57,800.00	\$ 58,800.00

**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	\$ _____	\$ _____

Expenditures Made		
6. Payments Made Schedule E, Line 4	\$ 33,190.97	\$ 33,299.88
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 33,190.97	\$ 33,299.88
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	7,136.00	7,136.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 40,326.97	\$ 40,435.88

**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.

Current Cash Statement	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 891.09
13. Cash Receipts Column A, Line 3 above	57,800.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	33,190.97
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 25,500.12
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00

Cash Equivalents and Outstanding Debts	
18. Cash Equivalents	\$ 0.00
19. Outstanding Debts Add Lines 2 + Line 9 in Column B above	\$ 7,136.00

**Schedule A
Monetary Contributions Received**

Statement covers period		CALIFORNIA FORM 460
from	07/01/2012	
through	09/30/2012	Page 4 of 11

NAME OF FILER Taxpayers for Open and Accountable Government, No on Measure V, Sponsored by the Orange County Employees Association

I.D. NUMBER
1346919

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/20/2012	Orange County Employees Association 830 N Ross Santa Ana, CA 92702	OTH		25,000.00	25,000.00	
08/01/2012	Orange County Employees Association Issues Committee 1415 L St Ste 410 Sacramento, CA 95814	COM	ID No. 1323167	2,100.00	3,800.00	
08/02/2012	Orange County Employees Association Issues Committee 1415 L St Ste 410 Sacramento, CA 95814	COM	ID No. 1323167	700.00	3,800.00	
07/21/2012	Orange County Professional Firefighters Assn 1900 E Warner Ave Ste G Santa Ana, CA 92705	OTH		10,000.00	10,000.00	
08/22/2012	UNITED FOOD AND COMMERCIAL WORKERS ISSUE EDUCATION FUND 8530 STANTON AVE STE 2A BUENA PARK, CA 90620	COM	ID No. 971911	20,000.00	20,000.00	

SUBTOTAL \$ 57,800.00

Schedule A Summary

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals)	\$ 57,800.00
2. Amount received this period - unitemized	\$ 0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A Line 1)	TOTAL \$ 57,800.00

** Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule E
Payments Made**

Statement covers period		CALIFORNIA FORM 460
from	07/01/2012	
through	09/30/2012	Page 5 of 11
NAME OF FILER Taxpayers for Open and Accountable Government, No on Measure V, Sponsored by the Orange County Employees Association		I.D. NUMBER 1346919

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
Anchor Printing 649 S B St Tustin, CA 92780	LIT		563.53
California Public Safety Newsletter (SMO ID #1298740) c/o Jim Lacy 30011 Ivy Glenn Dr Ste 223 Laguna Niguel, CA 92677	LIT		443.00
California Voter Guide (SMO ID #595004) 1954 W Carson St # B Torrance, CA 90501	LIT		5,000.00
SUBTOTAL \$			6,006.53

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 33,170.78
2. Unitemized payments made this period of under \$100	\$ 20.19
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.)	TOTAL \$ 33,190.97

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

Statement covers period		CALIFORNIA FORM 460
from	07/01/2012	
through	09/30/2012	Page 6 of 11

NAME OF FILER Taxpayers for Open and Accountable Government, No on Measure V, Sponsored by the Orange County Employees Association	I.D. NUMBER 1346919
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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 |
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| 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	AMOUNTPAID
COGS South Signs 3309 S Main St Santa Ana, CA 92707	PRT		1,519.78
COGS South Signs 3309 S Main St Santa Ana, CA 92707	PRT		1,519.00
National Tax Limitation Committee Newsletter (SMO ID #1306386) c/o Jim Lacy 30011 Ivy Glenn Dr Ste 223 Laguna Niguel, CA 92677	LIT		519.50
National Tax Limitation Committee Newsletter (SMO ID #1306386) c/o Jim Lacy 30011 Ivy Glenn Dr Ste 223 Laguna Niguel, CA 92677	LIT		519.50
Orange County Employees Association 830 N Ross St Santa Ana, CA 92701	MTG		99.65

SUBTOTAL \$ 4,177.43

Schedule E (Continuation Sheet)
Payments Made

Statement covers period	CALIFORNIA FORM 460
from 07/01/2012	
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NAME OF FILER Taxpayers for Open and Accountable Government, No on Measure V, Sponsored by the Orange County Employees Association	I.D. NUMBER 1346919
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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 |
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NAME AND ADDRESS OF PAYEE	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Orange County Employees Association 830 N Ross St Santa Ana, CA 92701		Food for campaign workers	80.00
Orange County Employees Association 830 N Ross St Santa Ana, CA 92701		Food for precinct walkers	83.83
Orange County Republican Leadership Voter Guide (SMO ID #1285120) c/o Jim Lacy 30011 Ivy Glenn Dr Ste 223 Laguna Niguel, CA 92677	LIT		393.00
Political Data Inc. P. O. Box 59570 12501 Imperial Hwy Ste. 200 Norwalk, CA 90652	LIT		2,173.99
Save Prop. 13 Separate Segregated Fund (SMO ID #598040) c/o Jim Lacy 30011 Ivy Glenn Dr Ste 223 Laguna Niguel, CA 92677	LIT		408.50

SUBTOTAL \$ 3,139.32

Schedule E (Continuation Sheet)
Payments Made

Statement covers period		CALIFORNIA FORM 460
from	07/01/2012	
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NAME OF FILER Taxpayers for Open and Accountable Government, No on Measure V, Sponsored by the Orange County Employees Association		I.D. NUMBER 1346919

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

- | | | |
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| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
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| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
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NAME AND ADDRESS OF PAYEE	CODE or DESCRIPTION OF PAYMENT	AMOUNT PAID
Save Prop. 13 Separate Segregated Fund (SMO ID #598040) c/o Jim Lacy 30011 Ivy Glenn Dr Ste 223 Laguna Niguel, CA 92677	LIT	408.50
Small Business Action Committee Newsletter (SMO ID #1322823) c/o Jim Lacy 30011 Ivy Glenn Dr Ste 223 Laguna Niguel, CA 92677	LIT	396.50
Small Business Action Committee Newsletter (SMO ID #1322823) c/o Jim Lacy 30011 Ivy Glenn Dr Ste 223 Laguna Niguel, CA 92677	LIT	396.50
Tulchin Research 182 2nd St Ste 400 San Francisco, CA 94105	POL	18,000.00
Women's Voice (SMO ID #1293667) c/o Jim Lacy 30011 Ivy Glenn Dr Ste 223 Laguna Niguel, CA 92677	LIT	323.00

SUBTOTAL \$ 19,524.50

Schedule E (Continuation Sheet)
Payments Made

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Taxpayers for Open and Accountable Government, No on Measure V, Sponsored by the Orange County Employees Association	I.D. NUMBER 1346919
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| 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
Women's Voice (SMO ID #1293667) c/o Jim Lacy 30011 Ivy Glenn Dr Ste 223 Laguna Niguel, CA 92677	LIT		323.00

SUBTOTAL \$ 323.00

**Schedule F
Accrued Expenses (Unpaid Bills)**

Statement covers period		CALIFORNIA FORM 460
from	07/01/2012	
through	09/30/2012	Page 10 of 11

NAME OF FILER Taxpayers for Open and Accountable Government, No on Measure V, Sponsored by the Orange County Employees Association	I.D. NUMBER 1346919
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- | | | |
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| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF CREDITOR	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
California Public Safety Newsletter (SMO ID c/o Jim Lacy 30011 Ivy Glenn Dr Ste 223 Laguna Niguel, CA 92677	LIT	0.00	443.00	0.00	443.00
Orange County Republican Leadership Voter c/o Jim Lacy 30011 Ivy Glenn Dr Ste 223 Laguna Niguel, CA 92677	LIT	0.00	393.00	0.00	393.00
SUBTOTALS \$		0.00 \$	836.00 \$	0.00 \$	836.00

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 7,136.00**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 0.00**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, column A, Line 9.) **NET \$ 7,136.00**

**Schedule F (Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Statement covers period		CALIFORNIA FORM 460
from	07/01/2012	
through	09/30/2012	Page 11 of 11
NAME OF FILER Taxpayers for Open and Accountable Government, No on Measure V, Sponsored by the Orange County Employees Association		I.D. NUMBER 1346919

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NAME AND ADDRESS OF CREDITOR	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Wayne Ordos Attorney at Law 1415 L St Ste 410. Sacramento, CA 95814	PRO	0.00	6,300.00	0.00	6,300.00

SUBTOTALS \$ 0.00 \$ 6,300.00 \$ 0.00 \$ 6,300.00