

#494 P.002/005

10/06/2014 11:55

From: 19165561233

# 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

Amendment No \_\_\_\_\_

Report No 53-20140930

**Amendment** (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Report covers period from <u>07/01/2014</u> through <u>09/30/2014</u> Date of election if applicable: (Month, Day, Year) <u>11/04/2014</u>	<p>RECEIVED CITY CLERK 14 OCT -6 PM 12:09 CITY OF COSTA MESA BY [REDACTED]</p>	<p>CALIFORNIA 1994 FORM <b>465</b></p> <p>1 / 4</p> <p>For Official Use Only</p>
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## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)  
1323167

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

## 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  
(916)556-1233

## 2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD	CHECK ONE	
		SUPPORT	OPPOSE
NAME OF BALLOT MEASURE <u>Proposed City Charter</u>	BALLOT NO./LETTER <u>0</u> JURISDICTION <u>City of Costa Mesa</u>		<input checked="" type="checkbox"/>

## 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 <u>CITY CLERK</u>	CALIFORNIA 1994 FORM <b>465</b>
through <b>OCT - 6 PM 12:09</b>	2 / 4
	I.D. NUMBER (If Recipient Com.) 1323167

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Orange County Employees Association Issues Committee

## 4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3)	\$ 1546.93
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 \$ 1546.93

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 10/05/2014  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By Wayne Ordos  
SIGNATURE OF TREASURER OR \_\_\_\_\_

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

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

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

#494 P.004/005

10/06/2014 11:56

From: 19165561233

# Supplemental Independent Expenditure Report

RECEIVED  
CITY CLERK

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orange County Employees Association Issues Committee

14 OCT -6 PM 12: 09

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

STATE

ZIP CODE

Sacramento

CA

95814

# Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

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Type or print in ink.  
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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from _____ through _____	Date Stamp <b>RECEIVED CITY CLERK 14 OCT -6 PM 12:09 CITY OF ORANGE MESA BY FAX</b>	<b>CALIFORNIA 1994 FORM 465</b>
		4 / 4
		For Official Use Only

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)
09/29/2014	California Justice Voter Guide - Slate Mailer 4553 W 156th Street Lawndale CA 90260 Reference No:	Slate Mailer	600.00	1546.93
09/26/2014	Mailing Pros 5261 Business Dr. Huntington Beach CA 92649 Reference No:	Mailhouse	346.93	1546.93
09/29/2014	Parents for Progress - Slate Mailer 4553 W 156th Street Lawndale CA 90260 Reference No:	Slate Mailer	600.00	1546.93