

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

CALIFORNIA 1994 FORM **465**

RECEIVED
CITY CLERK

1 / 4

For Official Use Only

14 OCT 15 PM 2:07

CITY OF COSTA MESA

BY [Redacted] *by Mail*

Amendment No _____

Report No 53-20140930

Amendment (Explain Below)

Report covers period
from 07/01/2014
through 09/30/2014

Date of election if applicable:
(Month, Day, Year)
11/04/2014

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

Sacramento CA 95814 (916)556-1776

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

Sacramento CA 95814 (916)556-1776

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>O</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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Report covers period from _____ through _____	CALIFORNIA 1994 FORM 465 2 / 4
	I.D. NUMBER (If Recipient Com.) 1323167

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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

By Wayne Ordos
SIGNATURE OF TREASURER OR ASSISTANT 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	CALIFORNIA 1994 FORM 465
from _____	
through _____	3 / 4

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NAME OF FILER

Orange County Employees Association Issues Committee

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

Sacramento

STATE

CA

ZIP CODE

95814

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from _____ through _____	Date Stamp	CALIFORNIA 1997 FORM 465
		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