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Late Independent Expenditure Report	Type or print in lnk. Amounts may be rounded to whole dollars.

RECEIVED

CITYLATEINDEPENDENT EXPENDITURE REPORT

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NAME OF FILER Costa Mesa Police Officers Association ee	Independent Expenditure Committ-	Date of This Filing 11/05/2014	Date Stamp 14 NOV -5 PH	CALIFORNIA 496
AREA CODE/PHONE NUMBER (916) 556-1776	I.D. NUMBER (if applicable)	Report No	CITY BE COSTA M	For Official Use Only
STREET ADDRESS 1415 L St Ste 410		X Amendment to Report No. 1341-41030-1	BY	
CITY	STATE ZIP CODE	(explain below) No. of Pages 2	1/2	
Sacramento	CA 95814	No. of Fages		4444
4 11 4 0 1 0 0 11 14 1 15 11				

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED				
Katrina Foley							
OFFICE SOUGHT OR HELD/DISTRICT NO).	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
City Council Member City	City Council Member Costa Mesa	×					

2. Independent Expenditures Made	Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/30/2014 	AERIAL BANNER	1350.00
10/30/2014 	DESIGN AND PRODUCTION OF MAILER	170.00
10/30/2014 	NEWSPAPER AD	1208.25
10/30/2014	VOTER DATA	70.43
10/29/2014	MAILER	2740.23

Reason for Amendment: Additional production and data costs

Attach additional information on appropriat	Report America Report (explain being No. of Particle) PPOSE Tely labeled continuer report of Expending the properties of the propertie	ndment Drt No	NOV -5 PM 12: 21	For Official Use SUPPORT	
t Measure DSED SUPPORT OP Attach additional information on appropriate	No. of P	NAME OF BALLOT MEASURE BALLOT NO./LETTER	2 / 2 SUPPORTED OR OPPOSED		OPPOS
t Measure DSED SUPPORT OP Attach additional information on appropriate	No. of P	NAME OF BALLOT MEASURE BALLOT NO./LETTER uation sheets.	SUPPORTED OR OPPOSED		OPPOS
SUPPORT OP Attach additional information on appropriat	te l y labeled continu	BALLOT NO./LETTER uation sheets.			OPPOS
Attach additional information on appropriat	te l y labeled continu	uation sheets.	JURISDICTION		OPPOS
				AMOUNT	
DESCRIP	PTION OF EXPENDI	TURE		AMOUNT	
					340.00
					FPPC Form 48 FPPC Toll-Free Helpline: 866