

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.

Report covers period from <u>10/19/2014</u> through <u>12/31/2014</u>	Date Stamp RECEIVED CITY CLERK 15 FEB -3 AM 9:44 CITY OF COSTA MESA	CALIFORNIA 1994 FORM 465
Date of election if applicable: (Month, Day, Year) <u>11/04/2014</u>		1 / 4
		For Official Use Only

Amendment No _____
Report No 341-20141231

Amendment (Explain Below)

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
1322533

NAME OF FILER
Costa Mesa Police Officers Association Independent Expenditure 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
(916)556-1233

Treasurer

NAME OF TREASURER
Wayne Ordos

MAILING ADDRESS
1415 L Street Suite 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

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE <u>Katrina Foley</u>	OFFICE SOUGHT OR HELD <u>City Council Member</u>	CHECK ONE	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION <u>Costa Mesa</u>	SUPPORT <input checked="" type="checkbox"/>
			OPPOSE <input 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 _____ through _____	CALIFORNIA 1994 FORM 465 2 / 4
	I.D. NUMBER (If Recipient Com.) 1322533

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NAME OF FILER

Costa Mesa Police Officers Association Independent Expenditure Committee

4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3)	\$	5878.90
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 \$	5878.90

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

Executed on 01/26/2015
DATE

By Wayne Or
SIGNATURE OF 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

Costa Mesa Police Officers Association Independent Expenditure Committee

I.D. NUMBER (If Recipient Com.)

1322533

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

City of Costa Mesa City Clerk

ADDRESS

(NO. AND STREET)

77 Fair Dr

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626-

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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		4 / 4
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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)
10/30/2014	Aerial Promotions Inc. 2830 E. Wardlow Road Long Beach CA 90807 Reference No:	Aerial Banner	1350.00	7228.90
10/21/2014	Costa Mesa Police Officers Assoc 99 Fair Dr Costa Mesa CA 92626 Reference No:	TShirts	340.00	7228.90
10/30/2014	Costa Mesa Police Officers Assoc 99 Fair Dr Costa Mesa CA 92626 Reference No:	Newspaper Ad	604.13	7228.90
10/30/2014	Costa Mesa Police Officers Assoc 99 Fair Dr Costa Mesa CA 92626 Reference No:	Newspaper Ad	604.12	7228.90
10/30/2014	James Klein Creative 27405 Puerta Real Suite 130 Mission Viejo CA 92691 Reference No:	Design and Production of Mailer	170.00	7228.90
10/30/2014	Political Data Inc. 12501 Imperial Hwy Norwalk CA 90650 Reference No:	Voter Data	70.43	7228.90
10/29/2014	Ryan Press 6400 Dale Street Buena Park CA 90621 Reference No:	Mailer	2740.22	7228.90