

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

RECEIVED  
CITY CLERK  
Date Stamp  
FEB -3 AM 9:43  
CITY OF COSTA MESA  
BY [REDACTED]

CALIFORNIA 2001/02 FORM **460**

1 / 15

For Official Use Only

Statement covers period  
from 10/19/2014  
through 12/31/2014

Date of election if applicable: 15  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

### 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- |   |  |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Ballot Measure Committee                        |
| <input type="checkbox"/> State Candidate Election Committee           | <input type="checkbox"/> Primary Formed                                  |
| <input type="checkbox"/> Recall                                       | <input type="checkbox"/> Controlled                                      |
| (Also Complete Part 5.)   | <input type="checkbox"/> Sponsored                                       |
| <input checked="" type="checkbox"/> General Purpose Committee         | (Also Complete Part 6.)  |
| <input checked="" type="checkbox"/> Sponsored                         | <input type="checkbox"/> Primary Formed Candidate/Officeholder Committee |
| <input type="checkbox"/> Small Contributor Committee                  | (Also Complete Part 7.)  |
| <input type="checkbox"/> Political Party/Central Committee            |  |

### 2. Type of Statement:

- |   |   |
|---|---|
| <input type="checkbox"/> Pre-election Statement           | <input type="checkbox"/> Quarterly Statement                                  |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)        |   |

### 3. Committee Information

I.D. NUMBER  
1322533

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Costa Mesa Police Officers Association Independent Expenditure Committee

STREET ADDRESS (NO P.O. BOX)  
1415 L St Ste 410

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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX/E-MAIL ADDRESS  
(916) 556-1233

### Treasurer(s)

NAME OF TREASURER  
Wayne Ordos

MAILING ADDRESS  
1415 L Street, Suite 410

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX/E-MAIL ADDRESS

### 4. Verification

I have used all reasonable diligence in preparing and reviewing the information contained herein and in the attached schedules and is true and complete. I certify under penalty of perjury under the laws of the State of California that the information is true and correct.

Executed on 01/26/2015 By Wayne Ordos  
DATE

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

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

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

**Recipient Committee  
Campaign Statement  
Cover Page – Part 2**

Type or print in ink.

COVER PAGE - PART 2



2 / 15

**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 to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS      STREET ADDRESS (NO P.O.BOX)

CITY      STATE      ZIP CODE      AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS      STREET ADDRESS (NO P.O.BOX)

CITY      STATE      ZIP CODE      AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

**7. Primarily Formed 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	3 / 15
	I.D. NUMBER 1322533

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Costa Mesa Police Officers Association Independent Expenditure Committee

**Contributions Received**

		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ 0.00	\$ 6110.00
2. Loans Received .....	Schedule B, Line 7	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ 0.00	\$ 6110.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	0.00	\$ 6110.00

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$ 0.00	\$ 0.00
21. Expenditures Made	\$ 0.00	\$ 0.00

**Expenditures Made**

6. Payments Made .....	Schedule E, Line 4	\$ 11780.98	\$ 14480.98
7. Loans Made .....	Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 11780.98	\$ 14480.98
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ 11780.98	\$ 14480.98

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	\$ _____
_____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ 23215.84
13. Cash Receipts .....	Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	0.00
15. Cash Payments .....	Column A, Line 8 above	11780.98
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 11434.86
If this is a termination statement, Line 16 must be zero.		
17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ 0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents .....	See instructions on reverse	\$ 0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ 0.00

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period from _____  through _____	<b>CALIFORNIA FORM 460</b>
	4 / 15
I.D. NUMBER  1322533	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Costa Mesa Police Officers Association Independent Expenditure Committee

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMMULATIVE TO DATE CALENDAR YEAR JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/2014	Katrina Foley City Council Member City  District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	TShirts	340.00	7228.90	
10/21/2014	Jay Humphrey City Council Member City  District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	TShirts	340.00	7228.90	
10/29/2014	Katrina Foley City Council Member City  District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	2740.22	7228.90	
<b>SUBTOTAL \$</b>						

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 11757.80
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** 11757.80

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period from _____  through _____	<b>CALIFORNIA FORM 460</b>
	5 / 15
	I.D. NUMBER  1322533

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Costa Mesa Police Officers Association Independent Expenditure Committee

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMMULATIVE TO DATE CALENDAR YEAR JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/29/2014	Jay Humphrey City Council Member City  District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Mailer	2740.23	7228.90	
10/30/2014	Katrina Foley City Council Member City  District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Voter Data	70.43	7228.90	
10/30/2014	Katrina Foley City Council Member City  District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Design and Production of Mailer	170.00	7228.90	

**SUBTOTAL \$**

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ \_\_\_\_\_
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ \_\_\_\_\_
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** \_\_\_\_\_

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period from _____  through _____	<b>CALIFORNIA FORM 460</b>
	6 / 15
	I.D. NUMBER  1322533

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Costa Mesa Police Officers Association Independent Expenditure Committee

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMMULATIVE TO DATE CALENDAR YEAR JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2014	Katrina Foley City Council Member City  District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	604.13	7228.90	
10/30/2014	Katrina Foley City Council Member City  District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	604.12	7228.90	
10/30/2014	Katrina Foley City Council Member City  District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Aerial Banner	1350.00	7228.90	

**SUBTOTAL \$**

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ \_\_\_\_\_
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ \_\_\_\_\_
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** \_\_\_\_\_

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

SCHEDULE D

Type or print in Ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
7 / 15	
I.D. NUMBER 1322533	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Costa Mesa Police Officers Association Independent Expenditure Committee

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMMULATIVE TO DATE CALENDAR YEAR JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2014	Jay Humphrey City Council Member City  District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Design and Production of Mailer	170.00	7228.90	
10/30/2014	Jay Humphrey City Council Member City  District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Voter Data	70.42	7228.90	
10/30/2014	Jay Humphrey City Council Member City  District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	604.12	7228.90	

**SUBTOTAL \$**

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ \_\_\_\_\_
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ \_\_\_\_\_
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** \_\_\_\_\_

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	8 / 15
	I.D. NUMBER 1322533

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Costa Mesa Police Officers Association Independent Expenditure Committee

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMMULATIVE TO DATE CALENDAR YEAR JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2014	Jay Humphrey City Council Member City  District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	604.13	7228.90	
10/30/2014	Jay Humphrey City Council Member City  District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Aerial Banner	1350.00	7228.90	

**SUBTOTAL \$ 11757.80**

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ \_\_\_\_\_
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ \_\_\_\_\_
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** \_\_\_\_\_



**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	9 / 15
	I.D. NUMBER 1322533

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Costa Mesa Police Officers Association Independent Expenditure Committee

**CODES:** If one of the following codes 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 airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | 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, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Aerial Promotions Inc. 2830 E. Wardlow Road Long Beach CA 90807	IND		Aerial Banner To support Jay Humphrey	1350.00
Aerial Promotions Inc. 2830 E. Wardlow Road Long Beach CA 90807	IND		Aerial Banner To support Katrina Foley	1350.00
Costa Mesa Police Officers Assoc 99 Fair Dr Costa Mesa CA 92626	IND		TShirts To support Jay Humphrey	340.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	11757.80
2. Unitemized payments made this period of under \$100.	\$	23.18
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 lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b>	<b>11780.98</b>

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	10 / 15
	I.D. NUMBER 1322533

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Costa Mesa Police Officers Association Independent Expenditure Committee

**CODES:** If one of the following codes 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 airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | 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, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Costa Mesa Police Officers Assoc 99 Fair Dr ID: Costa Mesa CA 92626	IND		TShirts To support Katrina Foley	340.00
Costa Mesa Police Officers Assoc 99 Fair Dr ID: Costa Mesa CA 92626	IND		Newspaper Ad To support Jay Humphrey	604.13
Costa Mesa Police Officers Assoc 99 Fair Dr ID: Costa Mesa CA 92626	IND		Newspaper Ad To support Jay Humphrey	604.12

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
2. Unitemized payments made this period of under \$100. .... \$ \_\_\_\_\_
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** \_\_\_\_\_

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	11 / 15
	I.D. NUMBER 1322533

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Costa Mesa Police Officers Association Independent Expenditure Committee

**CODES:** If one of the following codes 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 airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | 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, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Costa Mesa Police Officers Assoc 99 Fair Dr ID: Costa Mesa CA 92626	IND		Newspaper Ad To support Katrina Foley	604.13
Costa Mesa Police Officers Assoc 99 Fair Dr ID: Costa Mesa CA 92626	IND		Newspaper Ad To support Katrina Foley	604.12
James Klein Creative 27405 Puerta Real Suite 130 Mission Viejo CA 92691 ID:			Design and Production of Mailer	340.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
2. Unitemized payments made this period of under \$100. .... \$ \_\_\_\_\_
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** \_\_\_\_\_

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	12 / 15
	I.D. NUMBER 1322533

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Costa Mesa Police Officers Association Independent Expenditure Committee

**CODES:** If one of the following codes 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 airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | 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, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data Inc. 12501 Imperial Hwy Norwalk CA 90650			Voter Data	140.85
Ryan Press 6400 Dale Street Buena Park CA 90621	IND		Mailer To support Katrina Foley	2740.22
Ryan Press 6400 Dale Street Buena Park CA 90621	IND		Mailer To support Jay Humphrey	2740.23

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 11757.80**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
2. Unitemized payments made this period of under \$100. .... \$ \_\_\_\_\_
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** \_\_\_\_\_

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>  13 / 15
I.D. NUMBER 1322533	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Costa Mesa Police Officers Association Independent Expenditure Committee

**CODES:** If one of the following codes 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 airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | 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, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
ID: James Klein Creative 27405 Puerta Real Suite 130 Mission Viejo CA 92691	See Schedule E for codes or descriptions.	0.00	340.00	340.00	0.00
ID: Political Data Inc. 12501 Imperial Hwy Norwalk CA 90650	See Schedule E for codes or descriptions.	0.00	140.85	140.85	0.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTALS \$** 0.00 \$ 480.85 \$ 480.85 \$ 0.00

**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 \$** 480.85
- 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 \$** 480.85
- Net change this period. **Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET \$** 0.00  
May be a negative number.

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
 Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
14 / 15	
I.D. NUMBER 1322533	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 Costa Mesa Police Officers Association Independent Expenditure Committee

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Costa Mesa Police Officers Assoc

**CODES:** If one of the following codes 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 airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | 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, email)            |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Axon Graphics 1181 E Elm Ave Suite B Fullerton CA 92831 ID:			Graphics	680.00
Daily Pilot 1375 Sunflower Ave Costa Mesa CA 92626 ID:	PRT			2416.50
ID:				
ID:				
ID:				

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 3096.50**

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
 Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
15 / 15	
I.D. NUMBER 1322533	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 Costa Mesa Police Officers Association Independent Expenditure Committee

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Ryan Press

**CODES:** If one of the following codes 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 airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | 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, email)            |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postal Service 2230 Fairview Rd Costa Mesa CA 92677	POS			1180.00
ID:				
ID:				
ID:				
ID:				
ID:				

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 1180.00**

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.