

# 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 53-20141231

Amendment (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Report covers period from <u>10/19/2014</u> through <u>12/31/2014</u>	Date Stamp <b>RECEIVED CITY CLERK 15 FEB -3 AM 9:43 CITY OF COSTA MESA</b>	CALIFORNIA 1994 FORM <b>465</b>
Date of election if applicable: (Month, Day, Year) <u>11/04/2014</u>		1 / 5
		For Official Use Only

## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)  
1323167

NAME OF FILER  
Orange County Employees Association Issues Committee (non-profit 501 (C) 5)

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

(916)556-1233 ordoslaw@jps.net

## Treasurer (If recipient)

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	<b>CALIFORNIA 1994 FORM 465</b>
from _____	
through _____	2 / 5
	I.D. NUMBER (If Recipient Com.) 1323167

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orange County Employees Association Issues Committee (non-profit 501 (C) 5)

## 4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3) .....	\$	7491.75
2. Total independent expenditures under \$100 made this period. (Not itemized.) .....	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.) .....	<b>TOTAL.. \$</b>	<b>7491.75</b>

## 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 complete.

Executed on 01/28/2015  
DATE

By Wayne Ordo  
SIGNATURE OF TREASURER OF

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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from _____	
through _____	3 / 5

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NAME OF FILER

Orange County Employees Association Issues Committee (non-profit 501 (C) 5)

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

ADDRESS

(NO. AND STREET)

1500 11th Street

CITY

Sacramento

STATE

CA

ZIP CODE

95814

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Report covers period from _____ through _____	Date Stamp	CALIFORNIA 1994 FORM <b>465</b>
		4 / 5
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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)
10/23/2014	Anchor Printing 649 South B Street Tustin CA 92780 Reference No:	Printing	1709.64	19275.09
10/30/2014	Anchor Printing 649 South B Street Tustin CA 92780 Reference No:	Printing	259.20	19275.09
10/30/2014	Anchor Printing 649 South B Street Tustin CA 92780 Reference No:	Printing	486.00	19275.09
10/30/2014	Anchor Printing 649 South B Street Tustin CA 92780 Reference No:	Printing	1513.08	19275.09
10/30/2014	Anchor Printing 649 South B Street Tustin CA 92780 Reference No:	Printing	555.12	19275.09
10/23/2014	Mailing Pros 5261 Business Dr. Huntington Beach CA 92649 Reference No:	Mailhouse	289.90	19275.09
10/30/2014	Mailing Pros 5261 Business Dr. Huntington Beach CA 92649 Reference No:	Mailhouse	185.16	19275.09
10/23/2014	Orange County Employees Association 830 N Ross Santa Ana CA 92701 Reference No:	Postage	1256.55	19275.09

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CALIFORNIA 1994 FORM **465**

5 / 5

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Report covers period

from \_\_\_\_\_

through \_\_\_\_\_

Date Stamp

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DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
10/30/2014	Orange County Employees Association 830 N Ross Santa Ana CA 92701 Reference No:	Labels for Door Hangers	34.96	19275.09
10/30/2014	Orange County Employees Association 830 N Ross Santa Ana CA 92701 Reference No:	Postage	866.02	19275.09
11/04/2014	Orange County Employees Association 830 N Ross Santa Ana CA 92701 Reference No:	Food for precinct walkers	336.12	19275.09