Supplemental Independent		SUPPLE			EMENTAL	ENTAL INDEPENDENT EXPENDITURE			
Expenditure Report	Type or print in ink. Amounts may be rounded	Report covers p	period	Date Stamp					
(Government Code Sections 84203.5)	to whole dollars.	from10/19/	2014	RECEIV	/ED_	CALIFORNIA 1994 FORM	4	00	
SEE INSTRUCTIONS ON REVERSE	X Amendment (Explain Below)	through12/31/	2014	CITY CL	ERK	1/5			
Amendment No 001	Additional costs	Date of election if		15 APR 13	AM 11: 5	For Officia	I Use Or	ily	
343-20141231		(Month, Day	, Year)	13 AFR 13	Wid II.	7.5			
Report No 343-20141231		11/04/	2014	CITY OF COCT	A MESA	1			
1. Committee/Filer information	I.D. NUMBER (if recipient committee) 1322533	Treasurer	(If recipient comm						
NAME OF FILER Costa Mesa Police Officers Association Independent		NAME OF TREA	SURER	****					
Costa Mesa Police Officers Association Independent	Expenditure Committee	Wayne Ordo							
STREET ADDRESS (NO P.O. BOX)		MAILING ADDRI							
1415 L St Ste 410		1415 L Street	Suite 410						
CITY STATE ZIP CODE	AREA CODE/PHONE	CITY		STATE	ZIP CODE	AREA CO	DE/PHO	NE	
Sacramento CA 95814	(916)556-1776	Sacramento		CA	95814	(916	3)556-1	776	
OPTIONAL: FAX/E-MAIL ADDRESS (916)556-1233		OPTIONAL: FAX	/E-MAIL ADDRESS						
(010)000-1200									
2. Name of Candidate or Measure Suppor	rted or Opposed						CHEC	K ONE	
NAME OF CANDIDATE		OFFICE SOUGHT OR HE	LD			15	SUPPORT	OPPOSE	
Jay Humphrey		City Council Membe	r						
NAME OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION				x		
	(M)		Costa	Mesa			l		

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

Please see attached pages

SUPPLEMENTAL INDEPENDENT EXPENDITURE Type or print in ink. Supplemental Independent Amounts may be rounded Report covers period CALIFORNIA **Expenditure Report** to whole dollars. 1994 FORM from _ 2/5 through _ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER (If Recipient Com.) Costa Mesa Police Officers Association Independent Expenditure Committee 1322533 4. Summary 1. Total independent expenditures made of \$100 or more this period. (Part 3) 13688.02 2. Total independent expenditures under \$100 made this period. (Not itemized.) 0.00

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	By Wayne Ordos SIGNATURE OF TREASURER OR A
Executed on	BySIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed on	By
Executed on	BySIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

13688.02

Supplementa	al Inde	pendent
Expenditure	Repor	t

Type or print in ink.
Amounts may be rounded

Report covers period

Expenditure Report	to whole dollars.	from	1994 FORM 4-05	
SEE INSTRUCTIONS ON REVERSE	·	through	3/5	
NAME OF FILER			I.D. NUMBER (If Recipient Com.)	
Costa Mesa Police Officers Association Independent Expenditu	ure Committee		1322533	
5. Filing Officers Enter the official title and address 1) NAME OF FILING OFFICER	s of each filing officer with whom most recent ca	Impaign statements nave bee	en tilea.	
City of Costa Mesa City Clerk				
ADDRESS	(NO. AND STREET)			
77 Fair Dr				
// Fall DI				
CITY		STATE	ZIP CODE	

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			
through			

4/5

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.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CALENDAR YEAF (JAN.1 - DEC.31)
0/30/2014	Aerial Promotions Inc. 2830 E. Wardlow Road	Aerial Banner	1350.00	15038.02
	Long Beach CA 90807 Reference No:			<u> </u>
0/21/2014	Costa Mesa Police Officers Assoc 99 Fair Dr	TShirts	340.00	15038.02
	Costa Mesa CA 92626 Reference No:			
0/30/2014	Costa Mesa Police Officers Assoc 99 Fair Dr	Newspaper Ad	604.13	15038.02
	Costa Mesa CA 92626 Reference No:			
0/30/2014	Costa Mesa Police Officers Assoc 99 Fair Dr	Newspaper Ad _	604.12	15038.02
	Costa Mesa CA 92626 Reference No			
0/30/2014	James Klein Creative 27405 Puerta Real Suite 130 Mission Viejo CA 92691	Design and Production of Mailer	170.00	15038.02
0/30/2014	Reference No: LA Times Media Group File 542221	Newspaper Ad	604.12	15038.0
	Los Angeles CA 90074 Reference No:			
0/30/2014	New Equity Productions Inc 3723 Birch Street #10 Newport Beach CA 92650 Reference No.	Mailer	7205.00	15038.02
0/30/2014	Political Data Inc. 12501 Imperial Hwy	Voter Data	70.42	15038.02
	Norwalk CA 90650 Reference No:			

Supplemental i	ndependent
Expenditure Re	eport

(Government Code Sections 84203.5)
SEE INSTRUCTIONS ON REVERSE

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

Report covers period	Date Stamp
from	•
through	

CALIFORNIA 465

5/5

SUPPLEMENTAL INDEPENDENT EXPENDITURE

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	CALENDAR YEAR (JAN.1 - DEC.31)				
10/29/2014	Ryan Press 6400 Dale Street Buena Park CA 90621	Mailer	2740.23	15038.02				
	Reference No:							