

# Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Amendment (Explain Below)

Report covers period  
from 8/1/2014  
through 8/30/2014

Date of election if applicable:  
(Month, Day, Year) LOCAL AGENCY FORMATION COMMISSION

Date Stamp  
OCT 14 2014

CALIFORNIA FORM 465

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## 1. Committee/Filer Information

COMMITTEE/FILER'S NAME

East Orange County Water District

I.D. NUMBER (if recipient committee)

Treasurer (if recipient committee)  
NAME OF TREASURER

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)  
185 N. McPherson Road

CITY STATE ZIP CODE AREA CODE/PHONE  
Orange CA 92869-3720 (714) 538-5815

CITY STATE ZIP CODE AREA CODE/PHONE  
OPTIONAL: FAX / E-MAIL ADDRESS  
LOHLUND@EOCWD.COM

## 2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

NAME OF BALLOT MEASURE

East Orange County Water District6 Reorganization for Local Sewer Service

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

BALLOT NO./LETTER

JURISDICTION

Orange County Local Agency Formation Com

CHECK ONE

SUPPORT

OPPOSE

SUPPORT

OPPOSE

### Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

NAME AND ADDRESS OF PAYEE

DESCRIPTION OF EXPENDITURE

AMOUNT

CUMULATIVE TO DATE  
CALENDAR YEAR  
(JAN. 1 - DEC. 31)

8/1-8/27/14	Communications LAB 25 Orchard, Suite 250 Lake Forest, CA 92630	Payment for outreach and communications services in support of reorganization proposal.	\$4,700.00	\$4,700
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# Supplemental Independent Expenditure Report

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

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER  
 East Orange County Water District

SUPPLEMENTAL INDEPENDENT EXPENDITURE	
Report covers period from <u>8/1/2014</u> through <u>8/30/2014</u>	<b>CALIFORNIA FORM 465</b>
Page <u>2</u> of <u>2</u>	I.D. NUMBER (if recipient com.)

## 4. Summary

- Total independent expenditures of \$100 or more made this period. (Part 3.) ..... \$ 4,700
- Total independent expenditures under \$100 made this period. (Not itemized.) ..... \$ \_\_\_\_\_
- Total independent expenditures made this period (Add Lines 1 + 2.) ..... **TOTAL** \$ \_\_\_\_\_

## 5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER Hugh Nguyen, Orange County Clerk-Recorder	3) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET) 12 Civic Center Plaza, Room 101	ADDRESS (NO. AND STREET)
CITY Santa Ana	CITY
STATE CA	STATE
ZIP CODE 92701	ZIP CODE
2) NAME OF FILING OFFICER Carolyn Emery, Executive Officer, Orange County LAFCO	4) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET) 12 Civic Center Plaza, Room 235	ADDRESS (NO. AND STREET)
CITY Santa Ana	CITY
STATE CA	STATE
ZIP CODE 92701	ZIP CODE

## Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefited from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein 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 <u>10/10/14</u>	By <u>[Signature]</u>
DATE	SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPONENT