

Supplemental Independent Expenditure Report
(Government Code Section 84203.5)

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

SEE INSTRUCTIONS ON REVERSE

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA FORM 465

Date Stamp

Report covers period from 8/1/2015 through 8/31/2015

Date of election if applicable: (Month, Day, Year) 8-10-15

Page 1 of 2
For Official Use Only

RECEIVED
LOCAL AGENCY FORMATION COMMISSION

I.D. NUMBER (If recipient committee)

Treasurer (If recipient committee)

COMMITTEE/FILER'S NAME
East Orange County Water District

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

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

OPTIONAL: FAX / E-MAIL ADDRESS
LOHLUND@EOCWD.COM

NAME OF TREASURER _____

MAILING ADDRESS _____

CITY STATE ZIP CODE AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE _____

NAME OF BALLOT MEASURE
East Orange County Water District 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

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)
8/1-8/31/2015	Communications LAB 25 Orchard, Suite 250 Lake Forest, CA 92630	Payment for outreach and communications services in support of reorganization proposal.	\$2,640.00	\$19,838.75
8/1-8/31/2015	Lewis Consulting Group, LLC 1914 W. Orangewood Avenue, Suite 201 Orange, CA 92868	Payment for representation services in support of reorganization proposal	5,000.00	\$10,000.00

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CALIFORNIA
FORM **465**

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Page 2 of 2

NAME OF FILER

East Orange County Water District

LOCAL AGENCY FORMATION COMMISSION

I.D. NUMBER (if recipient com.)

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.) \$ 7,640.00
2. Total independent expenditures under \$100 made this period. (Not itemized.) \$ 0
3. Total independent expenditures made this period (Add Lines 1 + 2.) **TOTAL** \$ 7,640.00

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

ADDRESS (NO. AND STREET)

12 Civic Center Plaza, Room 101

CITY

STATE

ZIP CODE

CA 92701

2) NAME OF FILING OFFICER

Carolyn Emery, Executive Officer, Orange County LAFCO

ADDRESS (NO. AND STREET)

12 Civic Center Plaza, Room 235

CITY

STATE

ZIP CODE

CA 92701

3) NAME OF FILING OFFICER

Neil Kelley, Registrar of Voters

ADDRESS (NO. AND STREET)

1300 South Grand Avenue, Building C

CITY

STATE

ZIP CODE

CA 92705

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY

STATE

ZIP CODE

6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted 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 9/14/2015

DATE

By Tom Oklund

SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on _____

DATE

By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____

DATE

By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on _____

DATE

By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent

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