

# 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.

Report covers period from <u>8/1/2015</u> through <u>8/31/2015</u>	Date Stamp <b>RECEIVED</b> NOV 16 2015 LOCAL AGENCY FORMATION COMMISSION	<b>CALIFORNIA FORM 465</b> Page <u>1</u> of <u>2</u> For Official Use Only
Date of election if applicable: (Month, Day, Year)		

**Amendment** (Explain Below)

Corrected Item 3  
Communications Lab (was  
\$19,838.75 s/b \$23,531.18)

## 1. Committee/Filer Information

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

I.D. NUMBER (If recipient committee)

**Treasurer** (If recipient committee)

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

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

CHECK ONE

SUPPORT OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT OPPOSE

East Orange County Water District Reorganization for Local Sewer Service

Orange County Local Agency Formation Com

## 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	\$23,531.18
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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from	8/1/2015	
through	8/31/2015	Page <u>2</u> of <u>2</u>
NAME OF FILER		I.D. NUMBER (If recipient com.)
East Orange County Water District		

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## 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.)	<b>TOTAL \$</b>	<b>7,640.00</b>

## 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  
Santa Ana 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  
Santa Ana CA 92705

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  
Santa Ana CA 92701

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 11/13/2015  
DATE

By   
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

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