

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.

<input type="checkbox"/> Amendment (Explain Below)		Report covers period from <u>2/1/2015</u> through <u>2/28/2015</u>		Date Stamp RECEIVED MAR 13 2015		SUPPLEMENTAL INDEPENDENT EXPENDITURE	
I.D. NUMBER (if recipient committee)		Date of election if applicable: (Month, Day, Year) LOCAL		AGENCY FORMATION COMMISSION		CALIFORNIA FORM 465	
				Page <u>1</u> of <u>2</u>		For Official Use Only	

1. Committee/Filer Information

COMMITTEE/FILER'S NAME
East Orange County Water District

I.D. NUMBER (if recipient committee)

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

CITY
Orange

STATE
CA

ZIP CODE
92869-3720

AREA CODE/PHONE
(714) 538-5815

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

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
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION
East Orange County Water District Reorganization for Local Sewer Service		Orange County Local Agency Formation Com
Independent Expenditures Made	<i>Attach additional information on appropriately labeled continuation sheets.</i>	

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
2/1-2/28/2015	Communications LAB 25 Orchard, Suite 250 Lake Forest, CA 92630	Payment for outreach and communications services in support of reorganization proposal.	\$2,666.25	\$2,666.25

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NAME OF FILER
East Orange County Water District

SUPPLEMENTAL INDEPENDENT EXPENDITURE

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from 2/1/2015
through 2/28/2015

CALIFORNIA FORM 465

Page 2 of 2

I.D. NUMBER (if recipient com.)

4. Summary

- Total independent expenditures of \$100 or more made this period. (Part 3.) \$ 2,666.25
- Total independent expenditures under \$100 made this period. (Not itemized.) \$ 0
- Total independent expenditures made this period (Add Lines 1 + 2.) **TOTAL \$ 2,666.25**

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 Neil Kelley, Registrar of Voters
ADDRESS (NO. AND STREET) 12 Civic Center Plaza, Room 101	ADDRESS (NO. AND STREET) 1300 South Grand Avenue, Building C
CITY Santa Ana	CITY Santa Ana
STATE CA	STATE CA
ZIP CODE 92701	ZIP CODE 92705
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

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	3/12/15	By	
Executed on	DATE	By	SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT