

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

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

Date Stamp: **RECEIVED FEB 13 2015**

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

CALIFORNIA FORM **465**

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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

MAILING ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

Treasurer (if recipient committee) _____

NAME OF TREASURER _____

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	BALLOT NO./LETTER	JURISDICTION	CHECK ONE
NAME OF BALLOT MEASURE East Orange County Water District Reorganization for Local Sewer Service			Orange County Local Agency Formation Com	SUPPORT <input type="checkbox"/> OPPOSE <input checked="" type="checkbox"/>

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)
1/1-1/31/2015	Communications LAB 25 Orchard, Suite 250 Lake Forest, CA 92630	Payment for outreach and communications services in support of reorganization proposal.	\$2,366.25	\$2,366.25

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East Orange County Water District

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I.D. NUMBER (if recipient com.)

4. Summary

- Total Independent expenditures of \$100 or more made this period. (Part 3.) \$ 2,366.25
- Total Independent expenditures under \$100 made this period. (Not itemized.) \$ 0
- Total Independent expenditures made this period (Add Lines 1 + 2.) **TOTAL \$ 2,366.25**

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
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
Santa Ana CA 92701

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 2/11/15
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