

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.

Amendment (Explain Below)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>7/1/2015</u> through <u>7/31/2015</u>	Date Stamp RECEIVED AUG 14 2015	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year)	Page <u>1</u> of <u>2</u>	For Official Use Only
LOCAL AGENCY FORMATION COMMISSION		

1. Committee/Filer Information

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

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

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	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	<input checked="" type="checkbox"/>	<input 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)
7/1-7/31/2015	Communications LAB 25 Orchard, Suite 250 Lake Forest, CA 92630	Payment for outreach and communications services in support of reorganization proposal.	\$3,167.50	\$17,198.75
7/1-7/31/2015	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	25,891.18

Reset Page

Print Form

Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>7/1/2015</u> through <u>7/31/2015</u>	CALIFORNIA FORM 465
	Page <u>2</u> of <u>2</u>
I.D. NUMBER (if recipient com.)	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
East Orange County Water District

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	<u>8,692.43</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	<u>0</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$	<u>8,692.43</u>

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 8/13/15
DATE
Executed on _____
DATE
Executed on _____
DATE
Executed on _____
DATE

By 
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER
By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR
By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

[Reset Page](#) [Print Form](#)