

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 5/1/2015
through 5/31/2015

RECEIVED

Date Stamp
JUN 12 2015

CALIFORNIA FORM 465

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For Official Use Only

LOCAL AGENCY FORMATION COMMISSION

Amendment (Explain Below)

1. Committee/Filer Information

COMMITTEE/FILER'S NAME

East Orange County Water District

I.D. NUMBER (if recipient committee)

Treasurer (if recipient committee)

NAME OF TREASURER

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

185 N. McPherson Road

CITY STATE ZIP CODE

Orange CA 92869-3720

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

LOHLUND@EOCWD.COM

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)
5/1-5/31/2015	Communications LAB 25 Orchard, Suite 250 Lake Forest, CA 92630	Payment for outreach and communications services in support of reorganization proposal.	\$3,307.50	\$14,031.25

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NAME OF FILER
East Orange County Water District

4. Summary

- Total independent expenditures of \$100 or more made this period. (Part 3.) \$ 3,307.50
- Total independent expenditures under \$100 made this period. (Not itemized.) \$ 0
- Total independent expenditures made this period (Add Lines 1 + 2.) **TOTAL** \$ 3,307.50

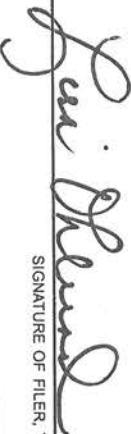
5. Filing Officers

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.

<p>1) NAME OF FILING OFFICER Hugh Nguyen, Orange County Clerk-Recorder</p> <p>ADDRESS (NO. AND STREET) 12 Civic Center Plaza, Room 101</p> <p>CITY Santa Ana</p> <p>STATE CA</p> <p>ZIP CODE 92701</p>	<p>3) NAME OF FILING OFFICER Neil Kelley, Registrar of Voters</p> <p>ADDRESS (NO. AND STREET) 1300 South Grand Avenue, Building C</p> <p>CITY Santa Ana</p> <p>STATE CA</p> <p>ZIP CODE 92705</p>
<p>2) NAME OF FILING OFFICER Carolyn Emery, Executive Officer, Orange County LAFCO</p> <p>ADDRESS (NO. AND STREET) 12 Civic Center Plaza, Room 235</p> <p>CITY Santa Ana</p> <p>STATE CA</p> <p>ZIP CODE 92701</p>	<p>4) NAME OF FILING OFFICER</p> <p>ADDRESS (NO. AND STREET)</p> <p>CITY</p> <p>STATE</p> <p>ZIP CODE</p>

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 6/12/15 By  SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT