

# 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

CALIFORNIA FORM 465

Amendment (Explain Below)

Report covers period  
from 11/11/2014  
through 11/30/2014

Date of election if applicable:  
(Month, Day, Year)

RECEIVED  
DEC 11 2014

Page 1 of 2  
For Official Use Only

LOCAL AGENCY FORMATION COMMISSION

## 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 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

NAME OF CANDIDATE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

NAME OF BALLOT MEASURE

East Orange County Water District Reorganization for Local Sewer Service

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)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
9/1-9/30/14	Communications LAB 25 Orchard, Suite 250 Lake Forest, CA 92630	Payment for outreach and communications services in support of reorganization proposal.	\$6,006.02	16,879.77

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SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER  
 East Orange County Water District

SUPPLEMENTAL INDEPENDENT EXPENDITURE	
Report covers period from 11/1/2014 through 11/30/2014	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.) ..... \$ 6,006.02
- Total independent expenditures under \$100 made this period. (Not itemized.) ..... \$ 0
- Total independent expenditures made this period (Add Lines 1 + 2.) ..... **TOTAL \$ 6,006.02**


## 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 benefited 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 12/11/14	By 
DATE	SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPONENT