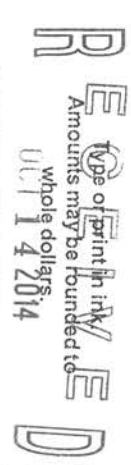


Supplemental Independent Expenditure Report
(Government Code Section 84203.5)



SEE INSTRUCTIONS ON REVERSE

LOCAL AGENCY FORMATION EXPENDITURE REPORT

Report covers period from 8/31/2014 through 9/30/2014
Date of election if applicable: (Month, Day, Year)

1. Committee/Filer Information

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

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

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	BALLOT NO./LETTER	JURISDICTION	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CHECK ONE	
							SUPPORT	OPPOSE
NAME OF BALLOT MEASURE East Orange County Water District Reorganization for Local Sewer Service			Orange County Local Agency Formation Com				<input checked="" type="checkbox"/>	<input type="checkbox"/>
DATE 9/1-9/30/14				NAME AND ADDRESS OF PAYEE Communications LAB 25 Orchard, Suite 250 Lake Forest, CA 92630	\$4,313.75			\$9,013.75

Attach additional information on appropriately labeled continuation sheets.

Supplemental Independent Expenditure Report

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

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE	
Report covers period from 8/31/2014 through 9/30/2014	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.) \$ 4,313.75
- Total independent expenditures under \$100 made this period. (Not itemized.) \$ 0
- Total independent expenditures made this period (Add Lines 1 + 2.) **TOTAL \$ 4,313.75**

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

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 _____ DATE	10/14/14	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	