

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

Date Stamp

RECEIVED

OCT 15 2015

CALIFORNIA FORM 465

Report covers period from 9/1/2015 through 9/30/2015

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

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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)

Treasurer (if recipient committee)

NAME OF TREASURER

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

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)
9/1-9/30/2015	Communications LAB 25 Orchard, Suite 250 Lake Forest, CA 92630	Payment for outreach and communications services in support of reorganization proposal.	\$4,153.41	\$23,992.16
9/1-9/30/2015	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	\$15,000.00

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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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.) | \$ 9,153.41 |
| 2. Total independent expenditures under \$100 made this period. (Not itemized.) | \$ 0 |
| 3. Total independent expenditures made this period (Add Lines 1 + 2.) | TOTAL \$ 9,153.41 |

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

Santa Ana

STATE

CA

ZIP CODE

92701

2) NAME OF FILING OFFICER

Carolyn Emery, Executive Officer, Orange County LAFCO

ADDRESS (NO. AND STREET)

12 Civic Center Plaza, Room 235

CITY

Santa Ana

STATE

CA

ZIP CODE

92701

3) NAME OF FILING OFFICER

Neil Kelley, Registrar of Voters

ADDRESS (NO. AND STREET)

1300 South Grand Avenue, Building C

CITY

Santa Ana

STATE

CA

ZIP CODE

92705

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 _____	DATE
Executed on <u>10/15/2015</u>	DATE
Executed on _____	DATE
Executed on _____	DATE
Executed on _____	DATE

Lisa Orland

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

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