

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 <u>9/1/2015</u> through <u>9/30/2015</u>	Date Stamp RECEIVED NOV 16 2015	CALIFORNIA FORM 465 Page <u>1</u> of <u>2</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>LOCAL AGENCY FORMATION COMMISSION</u>		

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)

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

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		CHECK ONE	
			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

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	\$27,684.59
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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I.D. NUMBER (If recipient com.)	

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NAME OF FILER East Orange County Water District	I.D. NUMBER (If recipient com.)
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4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	<u>9,153.41</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>9,153.41</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
<u>Santa Ana</u>	<u>CA</u>	<u>92701</u>

3) NAME OF FILING OFFICER
Neil Kelley, Registrar of Voters

ADDRESS (NO. AND STREET)
1300 South Grand Avenue, Building C

CITY	STATE	ZIP CODE
<u>Santa Ana</u>	<u>CA</u>	<u>92705</u>

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
<u>Santa Ana</u>	<u>CA</u>	<u>92701</u>

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY	STATE	ZIP CODE
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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 11/13/2015
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