

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

| | |
|--|--------------------------------|
| Date Stamp RECEIVED 7512 JUL 18 P 3: 11 | CALIFORNIA FORM 460 |
| | Page 1 of 6 |
| | For Official Use Only |

Statement covers period
 from 01/01/2012
 through 06/30/2012

Date of Election if applicable

 (Month, Day, Year)

1. Type of Recipient Committee

- | | |
|---|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Controlled |
| <input type="radio"/> Recall | <input checked="" type="radio"/> Sponsored |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
| <input type="radio"/> Sponsored | |
| <input type="radio"/> Small Contributor Committee | |
| <input type="radio"/> Political Party/Central Committee | |

2. Type of Statement

- | | |
|---|--|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-Annual Statement | <input type="checkbox"/> Special Odd-Year Statement |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment | |

3. Committee Information

I.D. Number 1346898

COMMITTEE NAME

Take Back Anaheim, Yes on Measure ____, Sponsored by the Orange County Employees Association

STREET ADDRESS (NO PO BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
 Sacramento CA 95814

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Wayne Ordos

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
 Sacramento CA 95814

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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 7/14/12 By Wayne Ordos
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

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

**Recipient Committee
Campaign Statement
Cover Page - Part 2**

Statement covers period

from 01/01/2012

through 06/30/2012

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| | |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

| | |
|-------------------|--|
| NAME OF TREASURER | CONTROLLED COMMITTEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|--|

COMMITTEE STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

| | |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

| | |
|-------------------|--|
| NAME OF TREASURER | CONTROLLED COMMITTEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|--|

COMMITTEE STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
Anaheim Charter Amendment

| | | |
|----------------------|-------------------------|--|
| BALLOT NO. OR LETTER | JURISDICTION Anaheim | <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|-------------------------|--|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER OR CANDIDATE OR PROPONENT

| | |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

**Campaign Disclosure Statement
Summary Page**

| | | |
|--------------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2012 | |
| through | 06/30/2012 | Page 3 of 6 |

NAME OF FILER Take Back Anaheim, Yes on Measure __, Sponsored by the Orange County Employees Association

I.D. NUMBER _____

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|---|---|
| Contributions Received | | |
| 1. Monetary Contributions Schedule A, Line 3 | \$ 64,000.00 | \$ 64,000.00 |
| 2. Loans Received Schedule B, Line 3 | 0.00 | 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2 | \$ 64,000.00 | \$ 64,000.00 |
| 4. Nonmonetary Contributions Schedule C, Line 3 | 2,000.00 | 2,000.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 66,000.00 | \$ 66,000.00 |

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections.**

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

| | | |
|---|--------------|--------------|
| Expenditures Made | | |
| 6. Payments Made Schedule E, Line 4 | \$ 62,557.69 | \$ 62,557.69 |
| 7. Loans Made Schedule H, Line 3 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 62,557.69 | \$ 62,557.69 |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | 0.00 | 0.00 |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | 2,000.00 | 2,000.00 |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 64,557.69 | \$ 64,557.69 |

**Expenditure Limit Summary
for State Candidates**

22. Cumulative Expenditures Made *
(If Subject to Voluntary Expenditure Limits)

_____ \$ _____
_____ \$ _____

* Amounts in this Section may be different from amounts reported in Column B.

| | |
|---|-------------|
| Current Cash Statement | |
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ 0.00 |
| 13. Cash Receipts Column A, Line 3 above | 64,000.00 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | 0.00 |
| 15. Cash Payments Column A, Line 8 above | 62,557.69 |
| 16. ENDING CASH BALANCE . Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 1,442.31 |
| 17. LOAN GUARANTEES RECEIVED. Schedule B, Part 2 | \$ 0.00 |

| | |
|--|---------|
| Cash Equivalents and Outstanding Debts | |
| 18. Cash Equivalents | \$ 0.00 |
| 19. Outstanding Debts. Add Lines 2 + Line 9 in Column B above | \$ 0.00 |

**Schedule A
Monetary Contributions Received**

| | | |
|--------------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2012 | |
| through | 06/30/2012 | Page 4 of 6 |

| | |
|---|-------------|
| NAME OF FILER Take Back Anaheim, Yes on Measure ___, Sponsored by the Orange County Employees Association | I.D. NUMBER |
|---|-------------|

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|------------------|--|-----------------|---|------------------------------------|
| 04/12/2012 | Orange County Employees Association Issues Committee Sacramento, CA 95814 | COM | ID No. 1323167 | 1,000.00 | 66,000.00 | |
| 04/23/2012 | Orange County Employees Association Issues Committee Sacramento, CA 95814 | COM | ID No. 1323167 | 56,000.00 | 66,000.00 | |
| 04/25/2012 | Orange County Employees Association Issues Committee Sacramento, CA 95814 | COM | ID No. 1323167 | 5,000.00 | 66,000.00 | |
| 05/01/2012 | Orange County Employees Association Issues Committee Sacramento, CA 95814 | COM | ID No. 1323167 | 2,000.00 | 66,000.00 | |

| | |
|--------------------|-----------|
| SUBTOTAL \$ | 64,000.00 |
|--------------------|-----------|

Schedule A Summary

| | |
|---|---------------------------|
| 1. Amount received this period - itemized contributions (Includes all Schedule A subtotals) | \$ 64,000.00 |
| 2. Amount received this period - unitemized | \$ 0.00 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1) | TOTAL \$ 64,000.00 |

**** Contributor Codes**
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

| | | |
|--------------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2012 | |
| through | 06/30/2012 | |
| | | Page 5 of 6 |

NAME OF FILER Take Back Anaheim, Yes on Measure ___, Sponsored by the Orange County Employees Association

I.D. NUMBER

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR | CONTRIBUTOR CODE | OCCUPATION & EMPLOYER OR COMMITTEE ID NO. | DESCRIPTON OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------------------|---|------------------|---|---------------------------------|---------------------------|---|------------------------------------|
| 04/10/2012 TO 04/11/2012 | Orange County Employees Association Issues Committee Sacramento, CA 95814 | COM | ID No. 1323167 | Signature Gathering | 1,500.00 | 66,000.00 | |
| 04/18/2012 | Orange County Employees Association Issues Committee Sacramento, CA 95814 | COM | ID No. 1323167 | Office Space | 500.00 | 66,000.00 | |

SUBTOTAL \$ 2,000.00

Schedule C Summary

| | | |
|---|-----------------|-----------------|
| 1. Amount received this period - itemized contributions (Includes all Schedule C subtotals) | \$ | 2,000.00 |
| 2. Amount received this period - unitemized | \$ | 0.00 |
| 3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Lines 4 and 10.) | TOTAL \$ | <u>2,000.00</u> |

**** Contributor Codes**
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule E
Payments Made**

| | | | |
|--------------------------------|------------|----------------------------|------------|
| Statement covers period | | CALIFORNIA FORM | 460 |
| from | 01/01/2012 | | |
| through | 06/30/2012 | Page | 6 of 6 |

NAME OF FILER Take Back Anaheim, Yes on Measure ___, Sponsored by the Orange County Employees Association

I.D. NUMBER

CODES: If one of the following accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary) | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet,e-mail) |

| NAME AND ADDRESS OF PAYEE | CODE or | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|-------------------------------------|---------|------------------------|-------------|
| Anchor Printing Tustin, CA 92780 | PET | | 1,448.78 |
| OCTS Inc. Tustin, CA 92780 | PET | | 61,000.00 |
| Wells Fargo Bank | OFC | | 108.91 |
| SUBTOTAL \$ | | | 62,557.69 |

Schedule E Summary

| | |
|---|---------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 62,557.69 |
| 2. Unitemized payments made this period of under \$100 | \$ 0.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ 0.00 |
| 4. Total payments made this period. (Add Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 62,557.69 |