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Statement of Recipient Cor					CIT	Y CLERK	A CONTRACTOR OF THE PARTY OF TH	FORNIA 410
Statement Type	☐ Initial Not yet qualified ☐ or	Amendment List I.D. number: # 1397147 07 ,26 ,2017	Termination – See Part 5 List I.D. number:			UG -3 AM 9: 55 OF COSTA MESA	FORM 410	
	Date qualified as committee	/	Date of 1	of Termination		ge of Africa, Austria, is		
1. Committee I	nformation					er Principal Officers		
Marr for City C	Council 2018			Tammi Mc	Intyre P.O. BOX)			
STREET ADDRESS (NO P.	O. BOX)			1440 N. Ha	arbor B	lvd., Suite 707		
	or Blvd., Suite 707			Fullerton		STATE	ZIP CODE	AREA CODE/PHONE
CITY	STATE	ZIP CODE AREA CODE/P	PHONE	NAME OF ASSISTANT T	TOEASIIDED IF	CA	92832	(949)697-7532
Fullerton	CA 92	The state of the s				ANT		
MAILING ADDRESS (IF D	1002	Joana Barcelona street Address (NO P.O. BOX)						
				1440 N. Ha	arbor Bl	vd., Suite 707		
FAX / E-MAIL ADDRESS		71 N - 17 P 1 1 N		CITY		STATE	ZIP CODE	AREA CODE/PHONE
F: (949)271-4896, E:t-mac-consulting@pacbell.net				Fullerton CA 92835				(714)745-5281
COUNTY OF DOMICILE		re committee is active osta Mesa, CA		NAME OF PRINCIPAL OFFICER(S)				(111)110 0201
-1-7-9		Andrea Marr STREET ADDRESS (NO P.O. BOX)						
				180 Fairwii				
Attach additional	information on account to			CITY	iius	STATE	ZIP CODE	AREA CODE/PHONE
Attach additional	information on appropriately	y labelea continuation sheet.	S.	Costa Mes	a	СА	92626	(443)254-8258
3. Verification I have used all r penalty of perju Executed on Executed on Executed on Executed on	easonable diligence in prepar iry under the laws of the Stat By	e of California that the fores	(SIGNATURE O	knowledge the in	or state Mea:	n contained herein is tr		
	DATE	SIGNATURE	OF CONTROLLING O	FFICEHOLDER, CANDIDATE,	OR STATE MEA	SURE PROPONENT		

Marr for City Council 2018 - All committees must list the financial institution where the campaign bank account is located. - All committees must list the financial institution where the campaign bank account is located. - AREA COORTHOUNGER Opus Bank (714) 578-7502 - OTT	Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE	CALIFORNIA 410			
Marr for City Council 2018 • All committees must list the financial institution where the campaign bank account is located. **MARIA CODE/PHONE** AREA CODE/PHONE** BANK ACCOUNT NUMBER** CITY STATE EPICHER** 200 West Commonwealth Ave Fullerton CA 92832 **Type of Committee** List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, district number, if any, and the year of the election. • List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." • If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee. **NAME OF FINANCIAL WITH WHICH PROPONENT (INCLUDE DEFINITION NUMBER IT APPLICABLE) YEAR OF ELECTION PARTY **ANAMED OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT (INCLUDE DISTRICT NUMBER IT APPLICABLE) YEAR OF ELECTION PARTY **ANAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT (INCLUDE DISTRICT NUMBER IT APPLICABLE) YEAR OF ELECTION PARTY **ANAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT (INCLUDE DISTRICT NUMBER IT APPLICABLE) YEAR OF ELECTION PARTY **ANAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT (INCLUDE DISTRICT NUMBER IT APPLICABLE) YEAR OF ELECTION PARTY **ANAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT (INCLUDE DISTRICT NUMBER IT APPLICABLE) YEAR OF ELECTION **PARTY Nonpartisan **CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR ELETTER) **CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR ELETTER) **CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR ELETTER) **CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR ELETTER) **CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR ELETTER) **CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR ELETTER) **CANDIDATE(S) N					Page 2
MANE OF PINANCIAL INSTITUTION Opus Bank (714)578-7502 CITY STATE ZIP CODE 200 West Commonwealth Ave Fullerton CA 92832 1 Type of Committee List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, district number, if any, and the year of the election. List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee. NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT Councilmember, Costa Mesa, CA, Dist 3 2018 Primarily formed Committee Primarily formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below: CANDIDATE(S) NAME OR MEASURE(S) FULL ITTLE (INCLUDE BALLOT NO. OR LETTER) CANDIDATE(S) NAME OR MEASURE(S) FULL ITTLE (INCLUDE BALLOT NO. OR LETTER) CANDIDATE(S) NAME OR MEASURE(S) FULL ITTLE (INCLUDE BALLOT NO. OR LETTER) CITY OR COUNTY, AS APPLICABLE)				Ŧ	i
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