

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

1397147

07 / 26 / 2017

Date qualified as committee

Date qualified as committee
(If applicable)

Termination – See Part 1 of the

List I.D. number:

_____/_____/_____

Date of Termination

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

17 OCT -3 AM 8:03

AUG 04 2017

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CITY OF COSTA MESA
BY *DR*

1. Committee Information

NAME OF COMMITTEE

Marr for City Council 2018

STREET ADDRESS (NO P.O. BOX)

1440 N. Harbor Blvd., Suite 707

CITY STATE ZIP CODE AREA CODE/PHONE

Fullerton CA 92835 (949)697-7532

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

F: (949)271-4896, E:t-mac-consulting@pacbell.net

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Costa Mesa, CA

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Tammi McIntyre

STREET ADDRESS (NO P.O. BOX)

1440 N. Harbor Blvd., Suite 707

CITY STATE ZIP CODE AREA CODE/PHONE
Fullerton CA 92832 (949)697-7532

NAME OF ASSISTANT TREASURER, IF ANY

Joana Barcelona

STREET ADDRESS (NO P.O. BOX)

1440 N. Harbor Blvd., Suite 707

CITY STATE ZIP CODE AREA CODE/PHONE
Fullerton CA 92835 (714)745-5281

NAME OF PRINCIPAL OFFICER(S)

Andrea Marr

STREET ADDRESS (NO P.O. BOX)

180 Fairwinds

CITY STATE ZIP CODE AREA CODE/PHONE
Costa Mesa CA 92626 (443)254-8258

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing 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 8/2/17 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/2/17 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Marr for City Council 2018

I.D. NUMBER

1397147

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Opus Bank	AREA CODE/PHONE (714)578-7502	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 200 West Commonwealth Ave	CITY Fullerton	STATE CA
		ZIP CODE 92832

4. Type of Committee Complete the applicable sections.

Controlled 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, and 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	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Andrea Marr	Councilmember, Costa Mesa, CA, Dist 3	2018	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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 TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>