Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	RECEMBEL CITY CLER	0000000
	Statement covers period 01/01/2018	Date of election if applicable (Month, Day, Year)	e JUL 31 PM 3	3: 39 Page1of31
SEE INSTRUCTIONS ON REVERSE	through06/30/2018	-	CITY OF COSTA MI	ESA
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	Ж	
 ◯ State Candidate Election Committee ◯ Recall (Also Complete Part 5) ◯ General Purpose Committee ◯ Sponsored ◯ Small Contributor Committee 	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Difficeholder Committee Also Complete Part 7)	☐ Preelection Statemen ☐ Semi-annual Statemen ☐ Termination Statemen (Also file a Form 410 ☐ Amendment (Explain	ent Cartination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
o. Committee information	NUMBER 397147	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Marr for City Council 2018		NAME OF TREASURER Tammi McIntyre MAILING ADDRESS 1440 N Harbor Blvd S	to 707	
STREET ADDRESS (NO P.O. BOX) 1440 N Harbor Blvd Ste 707		CITY	STATE	ZIP CODE AREA CODE/PHONE
		Fullerton	CA	92835-4120 949-697-7532
Fullerton CA 92835		NAME OF ASSISTANT TREAS Joanna Barcelona	SURER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B		MAILING ADDRESS 1440 N Harbor Blvd S	uite 707	
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
		Fullerton	CA	92835-4127 714-745-5281
OPTIONAL: FAX / E-MAIL ADDRESS (949) 271-4896 t-mac-consulting@pacbell.net		OPTIONAL: FAX / E-MAIL ADI	DRESS	
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California 07/30/2018	a that the foregoing is true and correct. Tammi McIr		nerein and in the attached s	schedules is true and complete. I certify
Date	ву	Signature of Treasurer or Assista	nt freasurer	<u> </u>
Executed on	By Andrea Mar Signature of Co	ntrolling Officeholder, Candidate, State Measure F	Proponent or Responsible Officer of S	Sponsor
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	, State Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate	· ·	
Birect File		, and a second s		FPPC Form 460 (January/05) Free Helpline: 866/ASK-FPPC (866/275-3772) State of California

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE Andrea Marr			NAME OF BALLOT MEASURE					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION Sought: City Council Member City- City of Costa Mesa, Dist 3	N AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO, OR LETTER	JURISDICT	ON	E	SUPPORT OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S 180 Fairwinds	Costa Mesa CA 92626-6586		Identify the controlling of			tate measure	proponent, if a	
	in this Statement: List any committees olled by you or are primarily formed to receive If of your candidacy.		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY	
NAME OF TREASURER	I.D. NUMBER CONTROLLED COMMITTEE?	7.	. Primarily Formed Car officeholder(s) or candidate	ndidate/Offi (s) for which th	ceholder C	ommittee L s primarily forn	ist names of ned.	
COMMITTEE ADDRESS STREET ADDRE	SS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPOR	
CITY STA	TE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRE	SS (NO P.O. BOX)							
CITY STA	TE ZIP CODE AREA CODE/PHONE		Att	ach continual	ion sheets if	necessary		



Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

				SOM	MARY PAGE
Stateme	nt covers period	CALI	FORM	IIA ,	160
from	01/01/2018	F	ORM		+00
through	06/30/2018	Page _	3	_ of _	31
		I.D. NI	JMBER		

NAME OF FILER Marr for City Council 2018 1397147 Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 12583.00 12583.00 1/1 through 6/30 7/1 to Date 596.25 196.25 2. Loans Received Schedule B, Line 3 20. Contributions 12779.25 13179.25 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 1504.00 1504.00 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 14283.25 14683.25 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 5642.31 6. Payments Made Schedule E. Line 4 \$ 5642.31 **Candidates** 0.00 0.00 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 5642.31 5642.31 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date (mm/dd/yy) 1504.00 1504.00 10. Nonmonetary Adjustment Schedule C, Line 3 7146.31 7146.31 **Current Cash Statement** 8129.76 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B, add 12779.25 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 5642.31 15. Cash Payments Column A. Line 8 above Column A may be negative 15266.70 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 0.00 596.25 FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)



Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

NAME OF FILER

Marr for City Council 2018

I.D. NUMBER 1397147

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CONTRIBUTOR CODE *	JF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/05/2018	Steven Acevedo 27122 Paseo Espada Ste 901 San Juan Capistrano, CA 92675	⊠IND □COM □OTH □PTY □SCC	CEO Regatta	500.00	1000.00	1000.00 G 18
02/05/2018	Steven Acevedo 27122 Paseo Espada Ste 901 San Juan Capistrano, CA 92675	□ IND □ COM □ OTH □ PTY □ SCC	CEO Regatta	500.00	1000.00	1000.00 G 18
06/28/2018	Barbi Appelquist	IND COM OTH PTY SCC	Attorney Barbi Appelquist	100.00	100.00	100.00 G 18
06/28/2018	Tom Arnold	⊠IND □COM □OTH □PTY □SCC	Retired N/A	500.00	500.00	500.00 G 18
06/01/2018	Dennis Ashendorf	IND COM OTH PTY SCC	Teacher Newport Mesa USD	20.00	110.00	110.00 G 18
			SUBTOTALS	1620.00	THE RESERVE TO BE STORY	PROCESS BALL

Schedule A Summary

- 2. Amount received this period unitemized monetary contributions of less than \$100 _____ \$ _____

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee





NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.
Statement covers period	CALIFORNIA AGO
from01/01/2018	FORM 460
through06/30/2018	Page5 of31
	I.D. NUMBER

Marr for City Council 2018 139/14/ AMOUNT PER ELECTION **CUMULATIVE TO DATE** IF AN INDIVIDUAL, ENTER FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE RECEIVED THIS TO DATE OCCUPATION AND EMPLOYER CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I D. NUMBER) RECEIVED CODE * (IF REQUIRED) (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) OF BUSINESS) X IND 110.00 G 18 **Dennis Ashendorf** Teacher □ COM 10.00 110.00 05/31/2018 Newport Mesa USD □отн □ PTY □ SCC X IND 110.00 G 18 Dennis Ashendorf Teacher COM 20.00 110.00 Newport Mesa USD 02/01/2018 □отн □ PTY SCC XIND 110.00 G 18 Dennis Ashendorf Teacher COM 20.00 110.00 Newport Mesa USD 05/01/2018 □ OTH □ PTY □scc ⊠IND □COM 110.00 G 18 Dennis Ashendorf Teacher 20.00 110.00 Newport Mesa USD 04/01/2018 Потн □ PTY SCC 110.00 G 18 Dennis Ashendorf XIND Teacher COM 20.00 110.00 03/01/2018 Newport Mesa USD □ OTH □ PTY □scc SUBTOTAL\$ 90.00

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Direct File

Schedule A (Continuation Sheet)

Type or print in ink.

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may be to whole do		Statement cov	rers period 1/2018	CALIF FO	ORNI ORM	^A 4	60
				through06/3	0/2018	Page _	6	of	31
AME OF FILER			*			LD. NUN	/BER		
Marr for City	Council 2018					139714	17		
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT RECEIVED THIS	COMULATIVE			R ELECT	

			in the second se			
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/06/2018	William Ault	IND COM OTH PTY SCC	Ship Handling Instructor LB&B	100.00	100.00	100.00 G 18
01/19/2018	Chris Blank	☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Christopher L. Blank	250.00	250.00	250.00 G 18
01/30/2018	Tom Bowen	IND COM OTH PTY	Manager ABM	100.00	100.00	100.00 G 18
06/26/2018	Paul Christman	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Analyst Sempra Energy	100.00	100.00	100.00 G 18
06/26/2018	Jim Conrath	XIND COM OTH PTY SCC	Retired N/A	50.00	300.00	300.00 G 18
			SUBTOTALS	600.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee



NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE A (CON	١.)		
State	ement covers period	CALIFORNIA ACC	Ŧ		
from	01/01/2018	FORM 46			
through_	06/30/2018	Page7 of31			
		I.D. NUMBER			

Marr for City	Council 2018				1:	397147	7
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 THIS PERIOD	CUMULATIVE TO DA CALENDAR YEA (JAN- 1 - DEC. 3:	R	PER ELECTION TO DATE (IF REQUIRED)
02/23/2018	Jim Conrath	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	250.00	300	.00	300.00 G 1
03/13/2018	Maria Dzida		Info requested Info requested	100.00	100	.00	100.00 G 1
06/30/2018	Eastside LLC 3334 E Coast Hwy Ste 418 Corona Del Mar, CA 92625-2328	□IND □COM □OTH □PTY □SCC		875.00	875	.00	875.00 G 1
05/07/2018	Irene Engard	XIND COM OTH PTY SCC	Retired N/A	100.00	356	.00	456.00 G 1
04/21/2018	Irene Engard	IND COM OTH PTY SCC	Retired N/A	57.00	356	.00	456.00 G 1
			SUBTOTAL	\$ 1382.00			

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Birect File

Schedule A (Continuation Sheet)

Type or print in ink

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole o	be rounded	Statement cov	ers period 1/2018	CALIF	-	460	
				through06/30	Page8 of3		of31		
Marr for City	Council 2018		1			1,D. NUN 139714			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IESELE-EMPLOYED ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE CALENDAR	YEAR	TC	ELECTION DATE FOLIRED)	

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC, 31)	PER ELECTION TO DATE (IF REQUIRED)
04/21/2018	Irene Engard	X IND COM OTH PTY SCC	Retired N/A	99.00	356.00	456.00 G 18
06/26/2018	Irene Engard		Retired N/A	100.00	356.00	456.00 G 18
03/13/2018	Foley for Mayor 2018 1600 Dove St Ste 101 Newport Beach, CA 92660 ID :1397432	□IND □COM □OTH □PTY □SCC		249.00	249.00	249.00 G 18
05/02/2018	Jean Forbath	IND COM OTH PTY	Retired N/A	100.00	100.00	100.00 G 18
05/31/2018	Full Moon Photography	□IND □COM 図OTH □PTY □SCC		100.00	100.00	100.00 G 18
			SUBTOTAL	\$ 648.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC – Small Contributor Committee

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.)
Statement covers period	CALIFORNIA ACO
from01/01/2018	FORM 400
through06/30/2018	Page 9 of 31
	I.D. NUMBER
	1307147

Marr for City	Council 2018				1397	147
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/31/2018	Generation Change PAC 1787 Tribute Rd Ste K Sacramento, CA 95815 ID :1397743	□IND □COM □OTH □PTY □SCC		1000.00	1000.00	1000.00 G 1
01/03/2018	Nathan Gonzalez		Professor USAF	250.00	250.00	250.00 G 1
06/30/2018	Lucy Harney	IND COM OTH PTY SCC	Retired N/A	100.00	100.00	100.00 G 1
06/30/2018	Susan Jerich	IND COM OTH PTY SCC	Attorney Rains, Lucia, Stern	300.00	300.00	300.00 G 1
04/16/2018	Michael Kotick	IND □COM □OTH □PTY □SCC	Unemployed N/A	250.00	250.00	350.00 G 1
			SUBTOTALS	1900.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Direct File

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (C	(.TNO:
---------------	--------

Statement covers period 01/01/2018	CALIFORNIA 460
through06/30/2018	Page 10 of 31
	1.D. NUMBER 1397147

Marr for City Council 2018 AMOUNT PER ELECTION CUMULATIVE TO DATE IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR RECEIVED THIS TO DATE CALENDAR YEAR OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER LD. NUMBER) RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (IF REQUIRED) (JAN. 1 - DEC. 31) OF BUSINESS) X IND 597.25 G 18 Andrea Marr Senior Program Manager □ COM 1.00 197.25 03/13/2018 / Candidate □OTH Willdan ☐ PTY SCC XIND 100.00 G 18 Gladis Marr Retired СОМ 100.00 100.00 06/06/2018 N/A Потн PTY □scc XIND Zara Marselian 200.00 G 18 CEO ☐ COM 100.00 100.00 La Maestra Community 06/30/2018 OTH **Health Centers** PTY SCC XIND 500.00 G 18 Florence Martin Retired □ COM 250.00 250.00 03/27/2018 N/A □ OTH □ PTY □scc William McCarty XIND 120.00 G 18 President □ COM 50.00 100.00 04/21/2018 Cobalt Productions Потн PTY SCC SUBTOTAL \$ 501.00

*Contributor Codes

IND - Individual

NAME OF FILER

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee



NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.
Statement covers period	CALIFORNIA ACO
from01/01/2018	FORM 400
through06/30/2018	Page 11 of 31
	I.D. NUMBER

Marr for City	Council 2018				139714	.7
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/13/2018	William McCarty	X IND COM OTH PTY SCC	President Cobalt Productions	50.00	100.00	120.00 G 18
06/30/2018	Ed Ruth McKinney	☐IND ☐COM ☐OTH ☐PTY ☐SCC	Truck Driver ITS Logistics	100.00	100.00	100.00 G 18
06/24/2018	Charles Mooney		Retired N/A	100.00	100.00	100.00 G 18
03/13/2018	Mary Ann O'Connell	⊠IND □COM □OTH □PTY □SCC	Franchise Consultant O'Connell & Company, Inc	25.00	145.00	245.00 G 1
06/24/2018	Mary Ann O'Connell	⊠IND □COM □OTH □PTY □SCC	Franchise Consultant O'Connell & Company, Inc	100.00	145.00	245.00 G 1
			SUBTOTALS	375.00		

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee



Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

State	nent covers period	CALIFORNIA AGO			
from01/01/2018		FORM 46U			
through _	06/30/2018	Page12 of31			
		I.D. NUMBER			
		1397147			

Marr for City Council 2018 AMOUNT CUMULATIVE TO DATE PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE RECEIVED THIS CALENDAR YEAR TO DATE OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER LD_NUMBER) RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (IF REQUIRED) (JAN, 1 - DEC. 31) OF BUSINESS) XIND Mary Ann O'Connell 245.00 G 18 Franchise Consultant Псом 20.00 145.00 04/21/2018 O'Connell & Company, ПОТН Inc PTY □ SCC □IND Oatman for Congress 500.00 G 18 **⋉** COM 525 E Seaside Way 500.00 04/25/2018 500.00 ПОТН Ste 101-C PTY Long Beach, CA 90802 SCC ID:C00636969 ☐ IND Orange County Employees Assolation PAC 1000.00 G 18 X COM 1121 L Street 1000.00 1000.00 05/23/2018 Потн Ste 200 PTY Sacramento, CA 95814 SCC ID:801447 Eva Orozco XIND 155.00 G 18 Retired СОМ 25.00 105.00 06/20/2018 N/A □ OTH □ PTY □scc Eva Orozco XIND 155.00 G 18 Retired ПСОМ 10.00 105.00 01/20/2018 N/A OTH PTY SCC SUBTOTAL \$ 1555.00

*Contributor Codes

IND - Individual

NAME OF FILER

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee



Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.)		
Statement covers period	CALIFORNIA AGO		
from01/01/2018	FORM 460		
through06/30/2018	Page 13 of 31		
	I,D. NUMBER		
	1397147		

NAME OF FILER

Marr for City Council 2018

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC, 31)	PER ELECTION TO DATE (IF REQUIRED)
05/20/2018	Eva Orozco	⊠IND □COM □OTH □PTY □SCC	Retired N/A	25.00	105.00	155.00 G 18
04/20/2018	Eva Orozco	☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	25.00	105.00	155.00 G 18
03/20/2018	Eva Orozco	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	10.00	105.00	155.00 G 18
02/20/2018	Eva Orozco	⊠IND □COM □OTH □PTY □SCC	Retired N/A	10.00	105.00	155.00 G 18
05/31/2018	Irma Ramirez	XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director, Special Events Segerstrom Center for the Arts	100.00	100.00	200.00 G 18
			SUBTOTALS	170.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee



Schedule A (Continuation Sheet)

Type or print in ink.

SCHEDULE A (CONT.)

Monetary Contributions Received	Amounts may be rounded to whole dollars.	Statement covers period 01/01/2018	california 460	
		through06/30/2018	Page 14 of 31	
NAME OF FILER			I.D. NUMBER	
Marr for City Council 2018			1397147	
		Weight .		

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/31/2018	Gary Reynolds	⊠IND □COM □OTH □PTY □SCC	Retired N/A	100.00	100.00	100.00 G 18
06/30/2018	Greg Ridge	☐ COM ☐ OTH ☐ PTY ☐ SCC	Chef Chapters Capistrano	100.00	100.00	200.00 G 18
06/28/2018	Maritza Rivera	☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	25.00	125.00	125.00 G 18
04/21/2018	Maritza Rivera	⊠IND □COM □OTH □PTY □SCC	Retired N/A	100.00	125.00	125.00 G 18
06/27/2018	Ronald Robinson	⊠IND □ COM □ OTH □ PTY □ SCC	Tech USN	100.00	200.00	300.00 G 18
			SUBTOTAL\$	425.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDUL	EA (CO	NT.)
CALIF	ORNIA	ACI	

Statement covers period from01/01/2018	FORM 460
through06/30/2018	Page 15 of 31
	1.D. NUMBER 1397147

NAME OF FILER

Marr for City Council 2018

					1007 14	
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/26/2018	Ronald Robinson	⊠IND □COM □OTH □PTY □SCC	Tech USN	100.00	200.00	300.00 G 18
06/30/2018	Samuel Salazar-Rey		Sales Tpx	100.00	100.00	350.00 G 18
06/30/2018	Julie Stromberg	☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Obagi Law Group, PC	100.00	100.00	100.00 G 18
02/13/2018	Sally Jane Super	⊠IND □COM □OTH □PTY □SCC	Property Manager Sally Jane Super	100.00	100.00	100.00 G 18
04/12/2018	Floyd Sylvester	⊠IND □COM □OTH □PTY □SCC	Dir, Employment Assistance Univ of Nebraska	100.00	100.00	350.00 G 18
			SUBTOTAL\$	500.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee



Schedule A (Continuation Sheet)

Type or print in ink

SCHEDULE A (CONT)

		Type of prii		OCHEBOLET!				
Monetary Contributions Received		Amounts may to whole o		Statement covers period 01/01/2018		CALIFORNIA 460		160
				through06/30/2018		Page 16 of 31		31
IAME OF FILER Marr for City	Council 2018					1.D. NUM 139714		
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 THIS PERIOD	CUMULATIVE T CALENDAR (JAN, 1 - DE	YEAR	PER ELEC TO DA (IF REQU	TE
06/30/2018	Mitchellene Sylvester	⊠IND □COM □OTH	Teacher Lincoln Public Schools	100.00		100.00	35	0.00 G 18

			Of Bookingoo)			
06/30/2018	Mitchellene Sylvester	⊠IND □COM □OTH □PTY □SCC	Teacher Lincoln Public Schools	100.00	100.00	350.00 G 18
06/30/2018	Anais Tangie	⊠IND □COM □OTH □PTY □SCC	CEO/Founder A. T. Connections	100.00	100.00	100.00 G 18
06/30/2018	Terry Welsh	IND COM OTH PTY SCC	Physician Pathoology Associates	100.00	100.00	100.00 G 1
05/05/2018	Maya Willey	⊠IND □COM □OTH □PTY □SCC	Student University of Maryland	100.00	100.00	100.00 G 1
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL\$	400.00		

*Contributor Codes

IND - Individual

COM – Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Direct File

Cabadula D. David	Type or print in ink.					SCHEDULE B - PART		
Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.				Statement covers period 01/01/2018		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through06/3	30/2018	Page17	of31
NAME OF FILER							LD. NUMBER	
Marr for City Council 2018							1397147	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Andrea Marr	Senior Program Manager / Candidate Willdan			PAID \$ FORGIVEN	s 400.00	0.00 _%	s 400.00	calendar year \$ 197.25
[†] ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$400.00	\$0.00	\$	12/31/2018 DATE DUE	\$0.00	06/16/2017 DATE INCURRED	_{\$} <u>597.25 G</u>
Andrea Marr 180 Fairwinds Costa Mesa, CA 92626-6586	Senior Program Manager / Candidate Willdan	0.00	400.05	PAID \$ FORGIVEN	\$196.25		ş <u>196.25</u>	s 197.25
TIM IND COM OTH PTY SCC		\$0.00	\$ <u>196.25</u>	\$	12/31/2018 DATE DUE	s0.00	02/01/2018 DATE INCURRED	\$ <u>597.25 G</u>
				PAID \$ FORGIVEN	. S		\$	CALENDAR YEAR \$ PER ELECTION 3
† IND COM OTH PTY SCC		s	\$	s	DATE DUE	\$	DATE INCURRED	5
		SUBTOTALS \$	196.25	0.00	0\$ 596.25	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
1. Loans received this period	- of leasther #100 \			\$	196.25			
(Total Column (b) plus unitemized loans 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100			***************************************	\$	0.00	INI	ontributor Codes D – Individual DM – Recipient Co (other than F	

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

Enter the net here and on the Summary Page, Column A, Line 2.

(Include loans paid by a third party that are also itemized on Schedule A.)

Direct File

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

PTY - Political Party

196.25

(May be a negative number)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

Schedule C **Nonmonetary Contributions Received**

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period **CALIFORNIA** 01/01/2018 FORM from 06/30/2018 through. Page_ LD. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1397147 Marr for City Council 2018

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
02/01/2018	Anne's Boutique Wines 270 E 17th St #14 Costa Mesa, CA 92627	□IND □COM ⊠OTH □PTY □SCC		Sommelier and Facility use for fundraiser	300.00	300.00	300.00 G 18
01/02/2018	Inspired Art Wine 1500 Adams Ave Ste 109 Costa Mesa, CA 92626-3866	□IND □COM ☑OTH □PTY □SCC		Staff for fundraiser	825.00	825.00	825.00 G 18
05/09/2018	Modus Acupuncture 170 E 17th St Ste 211 Costa Mesa, CA 92627-3701	□IND □COM ☑OTH □PTY □SCC		Acupuncture service gift card for raffle at fundraiser	130.00	130.00	130.00 G 18
04/12/2018	The Straw 1215 Baker St Ste A Costa Mesa, CA 92626-3901	□IND □COM ☑OTH □PTY □SCC		Staff used for fundtaiser.	150.00	150.00	150.00 G 18
Attach add	ditional information on appropriately la	beled continuat	ion sheets.	SUBTOTAL	1405.00		

Schedule C Summary 1. Amount received this period – itemized nonmonetary contributions. 1405.00

(Include all Schedule C subtotals.) 99.00 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ _

3. Total nonmonetary contributions received this period. 1504.00

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee



Schedule E **Payments Made**

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA ACO
from01/01/2018	FORM 40U
through06/30/2018	Page19 of31
	I.D. NUMBER
	1397147

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Marr for City Council 2018 CODES: If one of the following codes 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 returned contributions CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* ND postage, delivery and messenger services **TSF** transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID Anne's Boutique Wines 270 E 17th St #14 **FND** 127.92 Costa Mesa, CA 92627 ARDA Campaigns 675 N Euclid St. #481 **OFC** 290.95 Anaheim, CA 92801 Democratic Party of Orange County 1916 West Chapman Ave. Ste B **WEB** 500.00 Orange, CA 92868 ID:742006 Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 918.87

Schedule E Summary	
1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	5523.98
Unitemized payments made this period of under \$100	118.33
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 Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	5642.31



SCHEDULE E (CONT.)

Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period 01/01/2018	FORM 460
EE INSTRUCTIONS ON REVERSE		through06/30/2018	Page of 31
IAME OF FILER			I.D. NUMBER
Marr for City Council 2018			1397147

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs petition circulating PET CVC civic donations TRC candidate travel, lodging, and meals phone banks candidate filing/ballot fees staff/spouse travel, lodging, and meals TRS polling and survey research fundraising events transfer between committees of the same candidate/sponsor TSF independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services IND voter registration professional services (legal, accounting) VOT LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings AMOUNT PAID NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Nicole Harding 350.00 1626 Ohms Way **CMP** Costa Mesa, CA 92627 Mailing Pros Inc 130.00 5261 Business Dr LIT Huntington Beach, CA 92649 McIntyre & Barcelona, LLC 1440 N Harbor Blvd., Suite 707 **PRO** 150.00 Fullerton, CA 92835 McIntyre & Barcelona, LLC 150.00 1440 N Harbor Blvd., Suite 707 **PRO** Fullerton, CA 92835 McIntyre & Barcelona, LLC 1440 N Harbor Blvd., Suite 707 150.00 **PRO** Fullerton, CA 92835



* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

930.00

SUBTOTAL \$

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Amo

unts may be rounded	Statement covers period	CALIFORNIA 460		
to whole dollars.	from01/01/2018			
	through06/30/2018	Page21of31		
	•	I.D. NUMBER 1397147		

Marr for City Council 2018						1397147
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.						
CMP campaign paraphernalia/misc.	MBR	member com	munications	RAD	radio airtime and production	costs
CNS campaign consultants	MTG	meetings and	d appearances	RFD	returned contributions	
CTB contribution (explain nonmonetary)*	OFC	office expen	ses	SAL	campaign workers' salaries	
CVC civic donations	PET	petition circul	lating	TEL	t.v. or cable airtime and prod	luction costs
FIL candidate filing/ballot fees	PHO	phone banks	-	TRC	candidate travel, lodging, and	d meals
FND fundraising events	POL	polling and s	survey research	TRS	staff/spouse travel, lodging,	and meals
IND independent expenditure supporting/opposing others (explain)*	POS	postage, deli	very and messenger services	TSF	transfer between committees	s 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
McIntyre & Barcelona, LLC 1440 N Harbor Blvd., Suite 707 Fullerton, CA 92835	PRO		150.00
McIntyre & Barcelona, LLC 1440 N Harbor Blvd., Suite 707 Fullerton, CA 92835	WEB		170.00
McIntyre & Barcelona, LLC 1440 N Harbor Blvd., Suite 707 Fullerton, CA 92835	PRO		150.00
McIntyre & Barcelona, LLC 1440 N Harbor Blvd., Suite 707 Fullerton, CA 92835	PRO		150.00
Navy Federal Credit Union P. O. Box 3500 Merrifield, VA 22119-3500	OFC	Credit Payment	94.35

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 714.35



Schedule E (Continuation Sheet) Payments Made

CMP campaign paraphernalia/misc.

CNS campaign consultants

Type or print in ink.

Amounts may be rounded to whole dollars.

MBR member communications

MTG meetings and appearances

		SCHEDU	LE E (CONT.
Staten	ent covers period	CALIFORNIA	460
from	01/01/2018	FORM	400
through	06/30/2018	22	- 31

RAD radio airtime and production costs

RFD returned contributions

SEE INSTRUCTIONS ON REVERSE	through06/30/2018	Page 22 of 31
NAME OF FILER		I.D. NUMBER
Marr for City Council 2018		1397147
CODES: If one of the following codes accurately describes the payment	, you may enter the code. Otherwise, describe the payment.	

CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events polling and survey research staff/spouse travel, lodging, and meals TRS independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT WEB information technology costs (internet, e-mail) print ads NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID Navy Federal Credit Union P. O. Box 3500 **OFC** 163.94 Merrifield, VA 22119-3500 Navy Federal Credit Union Credit Payment P. O. Box 3500 **OFC** 33.32 Merrifield, VA 22119-3500 Navy Federal Credit Union Credit Payment P. O. Box 3500 **OFC** 59.86 Merrifield, VA 22119-3500 OPro, LLC c/o Elizabeth Haynes **CNS** 1500.00 300 W. 23rd Street #10N New York, NY 10011 OPro. LLC c/o Elizabeth Havnes **WEB** 1000.00 300 W. 23rd Street #10N New York, NY 10011

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

2757.12



Schedule E

Type or print in ink.

SCHEDUL	E E (CONT.)
---------	-------------

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	from01/01/2018	FORM 460
SEE INSTRUCTIONS ON REVERSE		through06/30/2018	Page 23 of 31
NAME OF FILER			LD_NUMBER
Marr for City Council 2018			1397147
CODES: If one of the following codes accura	ately describes the payment, you may enter the c	ode. Otherwise describe the paymer	nt

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 airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* IND 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 campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB		3.20
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB		1.03
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB		0.88
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB		0.59
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB		10.75
* Payments that are contributions or independent expenditures must also be su	ummarized on Schedule D.	SU	BTOTAL \$ 16.45



FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)



Type or print in ink

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period 01/01/2018	FORM 460
SEE INSTRUCTIONS ON REVERSE		through06/30/2018	Page 24 of 31
NAME OF FILER			I.D. NUMBER
Marr for City Council 2018			1397147

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees FIL TRS staff/spouse travel, lodging, and meals polling and survey research FND fundraising events TSF transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* professional services (legal, accounting) VOT voter registration LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings LIT AMOUNT PAID NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Stripe 1.91 185 Berry St, Suite 550 **WEB** San Francisco, CA 94107 Stripe 3.20 185 Berry St, Suite 550 **WEB** San Francisco, CA 94107 Stripe 1.75 185 Berry St, Suite 550 **WEB** San Francisco, CA 94107 Stripe 1.03 185 Berry St, Suite 550 **WEB** San Francisco, CA 94107 Stripe 3.20 185 Berry St, Suite 550 **WEB** San Francisco, CA 94107

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (January/05)

11.09

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SUBTOTAL \$



Schedule E	
(Continuation Sheet)	
Payments Made	

Type or print in ink

SCHEDU	JI E E	(CONT)
SOLIED		(CONT.)

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from01/01/2018	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through06/30/2018	Page25of31
NAME OF FILER Marr for City Council 2018			1.D. NUMBER 1397147
CODES: If one of the following codes accura	ately describes the payment, you may enter the co	de. Otherwise, describe the payment	t.

COL	DES: If one of the following codes 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
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	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
ιπ	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	CODE OR DESCRIPTION OF PAYM	ENT AMOUNT PAID
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB	3.20
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB	0.88
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB	7.55
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB	1.03
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB	3.20

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

15.86



Schedule	E	
(Continua	tion	Sheet
Daymonte	Mar	do

Type or print in ink.

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	from01/01/2018	FORM 460
SEE INSTRUCTIONS ON REVERSE		through06/30/2018	Page26of31
NAME OF FILER			I.D. NUMBER
Marr for City Council 2018	1397147		
CODES: If one of the following codes accur	ately describes the payment, you may enter the c	code. Otherwise, describe the paymen	t.

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member common meetings and office expensions petition circular phone banks polling and suppostage, deliverselves.	nunications appearances ses ating	RAD RFD SAL TEL TRC TRS Prvices TSF ting) VOT	radio airtime and production of returned contributions campaign workers' salaries t.v. or cable airtime and producandidate travel, lodging, and staff/spouse travel, lodging, a transfer between committees voter registration information technology costs	uction costs meals and meals of the same candid	ate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTION	ON OF PAYMENT	AMOU	NT PAID
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB				14.80
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB				0.88
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB				1.47
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB				0.45
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB				1.03
* Payments that are contributions or independent expenditures must al	so be summarized on	Schedule D.		SU	BTOTAL \$	18.63



Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

Marr for City Council 2018

campaign literature and mailings

NAME OF FILER

Type or print in ink. Amounts may be rounded to whole dollars.

print ads

CALIFORNIA ACO
FORM 400
Page 27 of 31
1.D. NUMBER 1397147

WEB information technology costs (internet, e-mail)

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications MTG meetings and appearances RFD returned contributions CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* petition circulating TEL t.v. or cable airtime and production costs CVC civic donations phone banks candidate travel, lodging, and meals candidate filing/ballot fees PHO staff/spouse travel, lodging, and meals polling and survey research fundraising events FND transfer between committees of the same candidate/sponsor ND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services VOT voter registration legal defense professional services (legal, accounting)

NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I D. NUMBER) Stripe 185 Berry St, Suite 550 3.20 **WEB** San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 3.20 **WEB** San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 5.98 **WEB** San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 1.03 **WEB** San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 5.98 **WEB** San Francisco, CA 94107 SUBTOTAL \$ 19.39

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)



Schedule E (Continuation Sheet) **Payments Made**

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)*

CNS campaign consultants

Type or print in ink. Amounts may be rounded to whole dollars.

MBR member communications

OFC office expenses

MTG meetings and appearances

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

		SCHEDULE E (CON	IT.
Staten	nent covers period	CALIFORNIA ACC	1
from	01/01/2018	FORM 400	J
through_	06/30/2018	Page 28 of 31	ĺ

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

SEE INSTRUCTIONS ON REVERSE	through06/30/2018	Page 28 of 31
NAME OF FILER		I.D. NUMBER
Marr for City Council 2018		1397147

CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	POS postage, del	lating	TEL TRC TRS rvices TSF ting) VOT	candidate travel, lodging, and mea staff/spouse travel, lodging, and n	ls neals ne same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)		CODE OR	DESCRIPTION	ON OF PAYMENT	AMOUNT PAID
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB			12.27
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB			4.95
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB			4.23
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB			27.35
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB			7.55

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (January/05)

56.35

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SUBTOTAL \$

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

Marr for City Council 2018

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E	(CONT.)
------------	---------

Statement covers period		CALIFORNIA / C		n		
from	01/01/2018	FO		4	HOU	J
through_	06/30/2018	Page_	29	_ of_	31	
		1.D.NUN 139714				

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

CODE OR DES	SCRIPTION OF PAYMENT AMOUNT PAID
WEB	2.63
WEB	0.88
WEB	3.17
WEB	2.93
WEB	7.55
	WEB WEB WEB

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$



17.16

Schedule E
(Continuation Sheet)
Payments Made

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)*

candidate filing/ballot fees

CNS campaign consultants

CVC civic donations

FND fundraising events

FIL

Type or print in ink. Amounts may be rounded to whole dollars.

MBR member communications

petition circulating

OFC office expenses

PHO phone banks

MTG meetings and appearances

POL polling and survey research

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

PET

SCHEDULE E	(CONT.)
------------	---------

Statement covers period	CALIFORNIA ACO	
from01/01/2018	FORM 40U	
through06/30/2018	Page 30 of 31	
·	LD_NUMBER 1397147	

RAD radio airtime and production costs

TRC candidate travel, lodging, and meals

TEL t.v. or cable airtime and production costs

TRS staff/spouse travel, lodging, and meals

RFD returned contributions

SAL campaign workers' salaries

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Marr for City Council 2018

IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	POS postage, delivery and messenger s professional services (legal, accouprint ads		es of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB		0.59
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB		0.59
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB		0.45
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB		1.33
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB		3.20
* Payments that are contributions or independent expenditures must also	be summarized on Schedule D.	SI	JBTOTAL \$ 6.16



Schedule E	
(Continuation	on Sheet)
Payments M	lade

Type or print in ink

COMEDITIES	(CONT)
SCHEDULE E	(CONT.)

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period 01/01/2018	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through06/30/2018	Page 31 of 31
NAME OF FILER			I.D. NUMBER
Marr for City Council 2018			1397147
CODES: If one of the following codes accur-	ately describes the payment, you may enter the co	ode Otherwise describe the navment	

CODES: If one of the following codes accurately describe	es 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 airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	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 (IF COMMITTEE, ALSO ENTER I D_NUMBER)	CODE OR DESCRIPTION OF PAY	MENT AMOUNT PAID
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB	30.77
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB	1.03
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB	7.55
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB	3.20

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

42.55

