

**497 Contribution Report**Type or print in ink.  
Amounts may be rounded to whole dollars.RECEIVED  
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497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Marr for City Council 2018		<b>Date of This Filing</b> 09/28/2018	<b>Date Stamp</b> SEP 28 AM 11:10	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (949) 697-7532	<b>I.D. NUMBER (if applicable)</b> 1397147	<b>Report No.</b> AM-3	CITY OF COSTA MESA BY _____	
<b>STREET ADDRESS</b> 1440 N Harbor Blvd Ste 707		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Fullerton	<b>STATE</b> CA	<b>ZIP CODE</b> 92835-4120		

**1. Contribution(s) Received**

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
09/27/2018	Laborers International Union of North America Laborers Local 652 1532 E Chestnut Ave Santa Ana CA 92701-6321 ID :1251912	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

**\*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

Reason for Amendment: \_\_\_\_\_

