

497 Contribution ReportType or print in ink.
Amounts may be rounded to whole dollars.RECEIVED
CITY CLERK

497 CONTRIBUTION REPORT

| | | | | |
|--|--|---|--------------------------------|---|
| NAME OF FILER Marr for City Council 2018 | | Date of This Filing 10/25/2018 | Date Stamp 18 OCT 25 PM 1 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (949) 697-7532 | I.D. NUMBER (if applicable) 1397147 | Report No. AM-8 | | |
| STREET ADDRESS 1440 N Harbor Blvd Ste 707 | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | CITY OF COSTA MESA BY _____ | |
| CITY Fullerton | STATE CA | ZIP CODE 92835-4120 | No. of Pages 1 | 1 of 1 |

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 |
|---------------|--|---|--|--|
| 10/24/2018 | Costa Mesa Firefighters Association Local 1465 PAC 555 Capitol Mall Ste 400 Sacramento CA 95814-4504 ID :1377067 | <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 |

Reason for Amendment: _____

***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