Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	Type or print in ink.		200 FO	ORNIA 46 1/02
	Statement covers period 07/01/2018	Date of election if applicable: (Month, Day, Year)	18 OCT 25		1 of 1
SEE INSTRUCTIONS ON REVERSE	through09/22/2018	11/06/2018	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Type of Recipient Committee: All Committees – Officeholder, Candidate Controlled Committee	Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure	2. Type of Statement: Preelection Statement			
State Candidate Election Committee Recall (Also Complete Part 5)	Committee Controlled Sponsored	Semi-annual Statement Termination Statement (Also file a Form 410 Te		 Quarterly Staten Special Odd-Yea Supplemental Postatement - Atta 	ar Report reelection
☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee ☐ Political Party/Central Committee	(Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Amendment (Explain b Remove loan by Cano		error	
3. Committee Information	I.D. NUMBER	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE Marr for City Council 2018		NAME OF TREASURER Tammi McIntyre			
		MAILING ADDRESS 1440 N Harbor Blvd Ste	707		
STREET ADDRESS (NO P.O. BOX) 1440 N Harbor Blvd Ste 707		CITY Fullerton	STATE CA	ZIP CODE 92835-4120	949-697-
	35-4120 (949) 697-7532	NAME OF ASSISTANT TREASUR Joanna Barcelona	RER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.C	. BOX	MAILING ADDRESS 1440 N Harbor Blvd Sui	ite 707		
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY Fullerton	STATE CA	ZIP CODE 92835-4127	714-745-
OPTIONAL: FAX / E-MAIL ADDRESS (949) 271-4896 t-mac-consulting@pacbell.net		OPTIONAL: FAX / E-MAIL ADDR	RESS		
4. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califo		C	rein and in the attache	d schedules is true a	nd complete. I ce
Executed on	_{By} Andrea Mar	Synfature of Treasurer or Assistant	d	of Sponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, Si		•	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, St	tate Measure Proponent		PC Form 460 (Jan
Direct File			FPPC To	oll-Free Helpline: 866/	

NAME OF OFFICEHOLDER OR CANDIDATE Andrea Marr				NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	ON AND DISTRICT NUMB	BER IF APPLICABL		BALLOT NO. OR LETTER	JURISDICTIO	ON	Īr	T SUPPORT
Sought: City Council Member			•					OPPOSE
City- City of Costa Mesa, Dist 3			3		1			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND 180 Fairwinds	Costa Mesa	STATE CA 9262	ZIP 26-6586	Identify the controlling offi	iceholder, car	ndidate, or st	ate measure	proponent, if a
	Oosta Wicsa			NAME OF OFFICEHOLDER, CAN	IDIDATE OR PR	OPONENT		200 AND
Related Committees Not Include				OFFICE SOUGHT OR HELD			DISTRICT NO.	IE ANY
not included in this statement that are con contributions or make expenditures on bel			o receive	OFFICE SOUGHT ON TILLED			DISTRICT NO.	. IC ANT
	2 20 200							
COMMITTEE NAME	I.D. NI	UMBER	•					
COMMITTEE NAME	I.D. NI	UMBER						
			FF2 7	7. Primarily Formed Cand				
	CONT	ROLLED COMMITT	EE? 7	7. Primarily Formed Cand officeholder(s) or candidate(s,				
NAME OF TREASURER	CONT		EE? 7) for which this	s committee is		med.
NAME OF TREASURER	CONT	ROLLED COMMITT	EE? 7	officeholder(s) or candidate(s,) for which this	s committee is	primarily for	
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDR	CONTI	ROLLED COMMITT YES NO	EE?	officeholder(s) or candidate(s,) for which this	OFFICE SOU	GHT OR HELD	med.
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDR	CONT	ROLLED COMMITT	EE?	officeholder(s) or candidate(s,) for which this	OFFICE SOU	primarily for	SUPPOR
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDR CITY S'	CONTI	ROLLED COMMITT YES NO	EE?	officeholder(s) or candidate(s,) for which this	OFFICE SOU	GHT OR HELD	SUPPOR
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDR CITY S'	CONTI	ROLLED COMMITT YES NO	EE?	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR C) for which this CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPOR OPPOSE SUPPORI OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDR CITY S'	CONTI	ROLLED COMMITT YES NO AREA COD	EE?	officeholder(s) or candidate(s,) for which this CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPOR OPPOSE SUPPOR SUPPOR SUPPOR
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDR CITY S' COMMITTEE NAME	CONTI	ROLLED COMMITT YES NO AREA COD	E/PHONE	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR C) for which this CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPOR
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDR CITY S' COMMITTEE NAME	CONTI	ROLLED COMMITT YES NO AREA COD UMBER	E/PHONE	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR C	ANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDR CITY S' COMMITTEE NAME NAME OF TREASURER	CONTI	ROLLED COMMITT YES NO AREA COD	E/PHONE	NAME OF OFFICEHOLDER OR CO	ANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPOR SUPPOR SUPPOR SUPPOR
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDR CITY S' COMMITTEE NAME NAME OF TREASURER	CONTI	ROLLED COMMITT YES NO AREA COD UMBER	E/PHONE	NAME OF OFFICEHOLDER OR CO	ANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR SUPPOR SUPPOR



Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

	SUMMARY PAGE
Statement covers period	CALIFORNIA 460
from07/01/2018	FORM 400
through09/22/2018	Page 3 of 19
	I.D. NUMBER 1397147

NAME OF FILER Marr for City Council 2018 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** 21377.00 8794.00 1. Monetary Contributions Schedule A, Line 3 \$ ____ 1/1 through 6/30 7/1 to Date 0.00 596.25 2. Loans Received Schedule B. Line 3 20. Contributions 8794.00 21973.25 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 250.00 1754.00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 9044.00 23727.25 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 14517.09 8874.78 Candidates 0.00 0.00 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 8874.78 14517.09 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) 250.00 1754.00 10. Nonmonetary Adjustment Schedule C, Line 3 9124.78 s 16271.09 **Current Cash Statement** 15266.70 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ___ To calculate Column B, add 8794.00 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above 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 8874.78 Column A may be negative 15185.92 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 18. Cash Equivalents See instructions on reverse \$ _____ 596.25 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 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.

SCHEDULE A

Statement covers period

Monetary Contributions Received		to whole dollars.		Statement covers period 07/01/2018 from		CALIFORNIA 460	
EE INSTRUCTIO	NS ON REVERSE			through09/2	2/2018	Page _	4 of
IAME OF FILER						I.D. NUI	
Marr for City (Council 2018					139714	17
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 CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/01/2018	Dennis Ashendorf	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Teacher Newport Mesa USD	20.00	1'	70.00	170.00 G 18
08/01/2018	Dennis Ashendorf	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Teacher Newport Mesa USD	20.00	1	70.00	170.00 G 18
07/01/2018	Dennis Ashendorf	⊠IND □COM □OTH □PTY □SCC	Teacher Newport Mesa USD	20.00	1	70.00	170.00 G 18
09/19/2018	Costa Mesa Firefighters Association Local 1465 PAC 555 Capitol Mall Ste 400 Sacramento, CA 95814-4504 ID :1377067	□IND ⊠COM □OTH □PTY □SCC		2000.00	22	50.00	2250.00 G 18
08/06/2018	Elizabeth Cowan	⊠IND □COM □OTH □PTY □SCC	Retired N/A	100.00	10	00.00	100.00 G 18
			SUBTOTAL	2160.00			
. Amount red (Include all	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)			8130.00 664.00	IND COM-	(other the	nt Committee han PTY or SCC) e.g., business entity)
	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colui	mn A, Line 1.)	TOTAL \$	8794.00		- Small Co	ontributor Committee

FPPC Form 460 (January/05)

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

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (0	CONT.)
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CALIFORNIA

FORM

Statement covers period

from

07/01/2018

				through09/22/2018		Page	5 of 19
NAME OF FILER Marr for City	Council 2018	1, 7,		I.D. NUMBI 1397147			
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 CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
08/26/2018	Roy Duvall 135 Shoreline Dr Malakoff, TX 75148	IND COM OTH PTY	Retired N/A	100.00	10	0.00	100.00 G 18
09/07/2018	Alan Fenstermacher	IND COM OTH PTY	Attorney Rutan and Tucker	249.00	24	9.00	249.00 G 18
08/06/2018	Steven Hellinas	IND COM OTH PTY	President/Co-Founder WYS Consulting	249.00	24	9.00	249.00 G 18
09/13/2018	Faye Hezar	IND COM OTH PTY	Property Manager Faye Hezar	200.00	22	5.00	225.00 G 18
09/07/2018	Randal Jackson	XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Principal Placeworks	249.00	24	9.00	249.00 G 18
			SUBTOTAL	1047.00			

*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 (CO	ONT.)
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CALIFORNIA ACO

Statement covers period

		to whole dollars.		from07/01/2018		FORM 40U	
				through09/22	2/2018	Page	6 of 19
Marr for City	Council 2018					1.D. NUMI 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 TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
08/25/2018	Florence Martin	IND COM OTH PTY	Retired N/A	500.00	7:	50.00	1000.00 G 18
07/10/2018	Kimberly Martinez	X IND COM OTH PTY SCC	Systems Engineer Raytheon	100.00	10	00.00	100.00 G 18
08/09/2018	John McHugh P. O. Box 157 Corona del Mar, CA 92625	XIND COM OTH PTY SCC	MD OBHG	250.00	2	50.00	250.00 G 18
09/20/2018	Eva Orozco	IND COM OTH PTY	Retired N/A	25.00	18	30.00	230.00 G 18
08/20/2018	Eva Orozco	X IND COM OTH PTY SCC	Retired N/A	25.00	18	30.00	230.00 G 18
			SUBTOTALS	900.00			

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(other than PTY or SCC)

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SCC - Small Contributor Committee



Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)
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CALIFORNIA AGO

Statement covers period

-	to whole dollars.		from07/01/2018		FORM 46U		
				through09/22	2/2018	Page	7 of 19
Marr for City	Council 2018					1.D. NUN 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 TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
07/20/2018	Eva Orozco	IND COM OTH PTY	Retired N/A	25.00	18	30.00	230.00 G 18
09/04/2018	Planned Parenthood of Orange & San Bernardino Countyies PAC 555 Capitol Mall Ste 400 Sacramento, CA 95814-4504 ID :1282464	□IND □OTH □PTY □SCC		500.00	50	00.00	500.00 G 18
09/07/2018	John Ramirez	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Attoreny Rutan and Tucker	249.00	24	9.00	249.00 G 18
07/03/2018	Wilson Rickerson	XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Converge Strategies, LLC	100.00	10	00.00	600.00 G 18
08/21/2018	Harley Rouda	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Candidate Harley Roude for Congress	250.00	25	60.00	250.00 G 18
			SUBTOTALS	1124.00			

*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) Monetary Con

Type or print in ink.

	SCHEDULE A	A (CONT.)
_		

Monetary Contributions Received	Amounts may be rounded to whole dollars.	Statement covers period 07/01/2018	CALIFORNIA 460		
		from09/22/2018	Page 8 of 19		
NAME OF FILER			I.D. NUMBER		
Marr for City Council 2018			1397147		

						\
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)
08/06/2018	Dianne Russell	⊠IND □COM □OTH □PTY □SCC	Social Services Director Western Community Housing	50.00	110.00	180.00 G 18
08/06/2018	Allan Sandvig	IND COM OTH PTY	Retired N/A	100.00	100.00	100.00 G 18
09/07/2018	Urban Arena 3195 Red Hill Ave Lot F Costa Mesa, CA 92626-3430	□IND □COM ☑OTH □PTY □SCC		249.00	249.00	249.00 G 18
09/17/2018	Women for American Values and Ethics 19772 MacArthur Blvd Ste 240 Irvine, CA 92612-2413 ID :1411182	□IND IXICOM □OTH □PTY □SCC		500.00	500.00	500.00 G 18
09/21/2018	Women in Leadership 22662 Fernwood St Lake Forest, CA 92630-3609 ID :931119	□IND IX COM □OTH □PTY □SCC		1000.00	2000.00	2000.00 G 18
			SUBTOTAL\$	1899.00		Harted Market

*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.)

CALIFORNIA

FORM

Statement covers period

from

07/01/2018

NAME OF FILER Marr for City	Council 2018			through09/22	2/2018	Page I.D. NUM 139714	MBER
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 CALENDAR \ (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
08/13/2018	Women in Leadership 22662 Fernwood St Lake Forest, CA 92630-3609 ID :931119	☐IND IXCOM ☐OTH ☐ PTY ☐ SCC		1000.00	20	00.00	2000.00 G 18
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
,		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$ 1000.00			

*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

Sched	lule	B-	Part '	1
Loans	Red	ceiv	ed	

Type or print in ink.

SCHEDULE B-PART 1

Loans Received	unts may be ro to whole dollar			from)1/2018	CALIFORNI FORM	^A 460	
CEE INCTRUCTIONS ON BEVERSE					through09/2	22/2018	Page10	of19
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						I.D. 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 PA OR FORGIVE THIS PERIO	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Andrea Marr 180 Fairwinds Costa Mesa, CA 92626-6586	Senior Program Manager / Candidate Willdan	,		PAID \$FORGIVEN	s 196.25	0.00 _%	s 196.25	s 197.25 PER ELECTION**
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		s 196.25	s0.00	s	12/31/2018 DATE DUE	s0.00	02/01/2018 DATE INCURRED	\$ <u>597.25 G</u> 18
Andrea Marr 180 Fairwinds Costa Mesa, CA 92626-6586	Senior Program Manager / Candidate Willdan			PAID \$ FORGIVEN	s 400.00	0.00 _%	s 400.00	s 197.25 PER ELECTION **
†⊠ IND □ COM □ OTH □ PTY □ SCC		s400.00	s0.00	s	12/31/2018 DATE DUE	s <u>0.00</u>	06/16/2017 DATE INCURRED	\$ <u>597.25 G</u> 18
				PAID \$ FORGIVEN	_ s		s	\$ PER ELECTION **
† IND COM OTH PTY SCC		s	s	s	DATE DUE	s	DATE INCURRED	s
		SUBTOTALS \$	0.00	0.0	00 \$ 596.25			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans				\$ _	0.00	(+c	ontributor Codes	
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that) paid or forgiven.)			\$	0.00	INI CC OT PT	D – Individual DM – Recipient Co (other than F TH – Other (e.g., Y – Political Party	PTY or SCC) business entity)
Net change this period. (Subtract Line Enter the net here and on the Summary			•••••	NET \$ _	0.00 (May be a negative number)	so	C – Small Contrib	utor Committee

** If required. Direct File

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

Schedule C Nonmonetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period from07/01/2018	CALIFORNIA 460
through 09/22/2018	Page 11 of 19
	I.D. NUMBER 1397147

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Marr for City Council 2018 **CUMULATIVE TO** IF AN INDIVIDUAL, ENTER AMOUNT/ PER ELECTION **FULL NAME, STREET ADDRESS AND** CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET TO DATE ZIP CODE OF CONTRIBUTOR CODE * GOODS OR SERVICES CALENDAR YEAR RECEIVED (IF SELF-EMPLOYED, ENTER VALUE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF REQUIRED) NAME OF BUSINESS) (JAN 1 - DEC 31) Costa Mesa Firefighters Association Local 1465 ☐ IND 2250.00 G 18 Blackman & PAC XICOM 09/21/2018 Associates. Inc for 250.00 2250.00 555 Capitol Mall ПОТН consulting Ste 400 **□PTY** Sacramento, CA 95814-4504 SCC ID:1377067 □ COM **□OTH** PTY □SCC □ IND □COM **MTOTH PTY** SCC TIND COM **□OTH** PTY SCC **SUBTOTAL \$** 250.00 Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

*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.

	SCHEDULE B
Statement covers period	CALIFORNIA ACO
from07/01/2018	FORM 400
through09/22/2018	Page12 of19
•	I.D. NUMBER
	1397147

SEE INSTRUCTIONS ON REVERSE				through09/22/2018	_ Page	12 of	
NAME OF FILER Marr for City Council 2018					1.D. NUN 139714		
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. CNS campaign consultants CNS contribution (explain nonmonetary)* CVC civic donations CVC civic donations CNS candidate filling/ballot fees FIL candidate filling/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services PRO print ads MBR member communications MBR member communications MBR member communications RAD radio airtime and production of returned contributions returned contributi					s oduction costs nd meals , and meals es of the san	ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	PR DESC	RIPTION OF PAYMENT		AMOUNT PAID	
ARDA Campaigns 675 N Euclid St. #481 Anaheim, CA 92801		LIT				361.00	
ARDA Campaigns 675 N Euclid St. #481 Anaheim, CA 92801		LIT				1176.00	
Budget Watchdogs 22410 Hawthorne Blvd Ste 5 Torrance, CA 90505-2500		PRT				310.00	
* Payments that are contributions or independent expenditures must	t also be summa	arized on Sc	hedule D.	S	UBTOTAL\$	1847.00	
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule E st	ubtotals.)				\$	8874.78	
2. Unitemized payments made this period of under \$100					\$	0.00	
3. Total interest paid this period on loans. (Enter amount from Sch	nedule B, Part 1	I, Column (e).)		\$	0.00	
. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)							



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

			SCHEL	JULE	E (CON
Stater	nent covers period	CALIF	ORNI	4	160
from	07/01/2018		RM		FOU
through_	09/22/2018	Page_	13	of_	19
4 100		I.D. NUN	MBER	Material Control	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. CNS campaign consultants CNS contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FIL candidate filling/ballot fees FIND independent expenditure supporting/opposing others (explain)* LEG legal defense LTC code. Otherwise, describe the payment. MBR member communications MBR member communications MBR member communications MTG office expenses OFC office expenses SAL campaign workers' salaries 1 t.v. or cable airtime and production costs 2 candidate travel, lodging, and meals 3 polling and survey research 3 polling and survey research 4 postage, delivery and messenger services 4 professional services (legal, accounting) 5 professional services (legal, accounting) 6 professional services (legal, accounting) 7 print ads CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID	Mar	r for City Council 2018								1397147	7
	CMP CNS CTB CVC FIL FND IND LEG	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense	MBR MTG OFC PET PHO POL POS PRO	member commeetings and office expens petition circular phone banks polling and supostage, delimprofessional	munication I appearan ses ating urvey rese very and r	s nces earch messenger s	services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and producandidate travel, lodging, and staff/spouse travel, lodging, transfer between committees voter registration	duction costs d meals and meals s of the sar	me candidate/sponsor
					CODE	OR		DESCRIPTIO	N OF PAYMENT		AMOUNT PAID

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
CAL SAL Voter Guide 22410 Hawthorne Blvd Ste 5 Torrance, CA 90505-2500	PRT			131.00
California Voter Guide 22410 Hawthorne Blvd Ste 5 Torrance, CA 90505-2500	PRT			136.00
Continuing the Republican Revolution 1300 Bristol Ave North Ste 100 Newport Beach, CA 92660	PRT			190.00
Election Digest 22410 Hawthorne Blvd Ste 5 Torrance, CA 90505-2500	PRT			190.00
Mailing Pros Inc 5261 Business Dr Huntington Beach, CA 92649	LIT			135.00

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

SUBTOTAL \$



SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from07/01/2018	FORM 400
through 09/22/2018	Page 14 of 19
	I.D. NUMBER 1397147

Marr for City Council 2018		139	97147
	nmunications d appearance nses llating s survey resea livery and m	RAD radio airtime and production costs ces RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and productio TRC candidate travel, lodging, and mer	in costs als meals the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Mailing Pros Inc 5261 Business Dr Huntington Beach, CA 92649	LIT		300.00
McIntyre & Barcelona, LLC 1440 N Harbor Blvd., Suite 707 Fullerton, CA 92835	PRO		235.00
McIntyre & Barcelona, LLC 1440 N Harbor Blvd., Suite 707 Fullerton, CA 92835	PRO		385.00
McIntyre & Barcelona, LLC 1440 N Harbor Blvd., Suite 707 Fullerton, CA 92835	PRO		385.00
Navy Federal Credit Union P. O. Box 3500 Merrifield, VA 22119-3500	WEB	Credit Payment	1893.54
* Payments that are contributions or independent expenditures must also be summarized on	Schedule D). SUBTO	TAL \$ 3198.54



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Amounts may be rounded to whole dollars.

		SCHEDOLE E (CON	1.,
Statem	ent covers period	CALIFORNIA 460	
from	07/01/2018	FORM 400	
through_	09/22/2018	Page 15 of 19	
		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

Page 15 of 19

I.D. NUMBER

1397147

CMP campaign paraphernalia/misc. CNS campaign consultants meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries petition circulating CVC civic donations PET TEL t.v. or cable airtime and production costs candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks TRC polling and survey research staff/spouse travel, lodging, and meals FND fundraising events POL TRS IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services **TSF** transfer between committees of the same candidate/sponsor professional services (legal, accounting) voter registration LEG legal defense VOT 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
OPro, LLC c/o Elizabeth Haynes 300 W. 23rd Street #10N New York, NY 10011	WEB		1000.00
OPro, LLC c/o Elizabeth Haynes 300 W. 23rd Street #10N New York, NY 10011	CNS		1500.00
PressPrint 5085 Mission Hills Dr Banning, CA 92220-6462	LIT		210.11
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB		6.10
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.

SUBTOTAL \$



SEE INSTRUCTIONS ON REVERSE

Marr for City Council 2018

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

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Statem	ent covers period	CALIFORNIA 460
from	07/01/2018	FORM 400
through_	09/22/2018	Page 16 of 19
	· · · · · · · · · · · · · · · · · · ·	I.D. NUMBER 1397147

COD	ES: If one of the following codes accurately des	scribes 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
	fundraising events		polling and survey research	TRS	staff/spouse travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)* POS	postage, delivery and messenger service	s TSF	transfer between committees of the same candidate/sponsor
E G	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
ЦT	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	01	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEE	3		18.00
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEE	3		2.60
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107				48.85
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEE	3		3.20
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEE	3		3.20
				75.05

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

SUBTOTAL \$



Schedule E	When a new contract the finds	
(Continuation Sheet)	Type or print in ink. Amounts may be rounded	Statement covers peri
Payments Made	to whole dollars.	from07/01/2018

PRT print ads

			SCHEDULE E (CONT.)
	State	ment covers period	CALIFORNIA 160
	from	07/01/2018	FORM 460
	through	09/22/2018	Page17of19
•			I.D. NUMBER 1307147

WEB information technology costs (internet, e-mail)

r for City Council 2018				1397147
DES: If one of the following codes accurately de	lescribes the	payment, you may enter the code.	Otherwise,	describe the payment.
campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	MTG	meetings and appearances	RFD	returned contributions
contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
independent expenditure supporting/opposing others (expla	ain)* POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
		professional services (legal, accounting)	VOT	voter registration
	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events	DES: If one of the following codes accurately describes the campaign paraphernalia/misc. MBR campaign consultants Contribution (explain nonmonetary)* Civic donations Candidate filing/ballot fees Fundraising events Independent expenditure supporting/opposing others (explain)* DESCRIPTION POS	DES: If one of the following codes accurately describes the payment, you may enter the code. Campaign paraphernalia/misc. Campaign consultants Contribution (explain nonmonetary)* Civic donations Candidate filing/ballot fees Fundraising events Independent expenditure supporting/opposing others (explain)* MBR MES MES MES MES MES MES MES ME	DES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, campaign paraphernalia/misc. Campaign consultants Contribution (explain nonmonetary)* Civic donations Civic donations Candidate filing/ballot fees Fundraising events Independent expenditure supporting/opposing others (explain)* MBR MBR Member communications RAD MEC MEC MEC MEC MEC MEC MEC ME

CODE	0	DR DESCRIPTION OF PAYMENT	AMOUA	IT PAID
WEB				1.03
WEB				25.01
WEB				1.75
WEB				5.25
WEB				0.88
	WEB	WEB WEB	WEB WEB WEB	WEB WEB WEB

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

SUBTOTAL \$

33.92



SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

NAME OF FILER

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE E (CONT		
Statement covers period		CALIFORNIA 160		
from	07/01/2018	FORM 400		
through_	09/22/2018	Page 18 of 19		
		I.D. NUMBER		
		1397147		

Mar	for City Council 2018				1397147
COL	DES: If one of the following codes accurately describe	s 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)

an campaign iterature and mailings	Titl plint due			(internet, e many	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	C	ODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAIL	D
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	,	WEB			1.75
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	7 300 1300 1300 1300		1.03
The Camp 2937 Bristol St Costa Mesa, CA 92626-5982		FND		20	02.50
				DTOTAL & OA	40.74



SUBTOTAL \$



Schedule G	
Payments N	lade by an Agent or Independent
Contractor	on Behalf of This Committee)

Navy Federal Credit Union

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period 07/01/2018 from	CALIFORNIA 460
through09/22/2018	Page 19 of 19
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE	through09/22/2018	Page 19 of 19
NAME OF FILER		I.D. NUMBER
Marr for City Council 2018		1397147
NAME OF AGENT OR INDEPENDENT CONTRACTOR		

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 RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating t.v. or cable airtime and production costs PET TEL FIL candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals FND fundraising events polling and survey research IND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services **TSF** transfer between committees of the same candidate/sponsor professional services (legal, accounting) VOT voter registration legal defense campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D, NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data 12500 Imperial Hwy Ste 200 Norwalk, CA 90650	WEB		1175.00
City of Costa Mesa 77 Fair Dr Costa Mesa, CA 92626-6520	FIL		600.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1775.00

