

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2001/02
FORM

460

Page 1 of 11

For Official Use Only

Statement covers period
from 09/23/2018
through 10/20/2018

Date of election if applicable:
(Month, Day, Year)

11/06/2018

Date Stamp
**RECEIVED
CITY CLERK**
18 OCT 25 PM 2:53
CITY OF COSTA MESA

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1397147

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Marr for City Council 2018

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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

(949) 271-4896 t-mac-consulting@pacbell.net

Treasurer(s)

NAME OF TREASURER
Tammi McIntyre

MAILING ADDRESS
1440 N Harbor Blvd Ste 707

CITY STATE ZIP CODE AREA CODE/PHONE
Fullerton CA 92835-4120 949-697-7532

NAME OF ASSISTANT TREASURER, IF ANY
Joanna Barcelona

MAILING ADDRESS
1440 N Harbor Blvd Suite 707

CITY STATE ZIP CODE AREA CODE/PHONE
Fullerton CA 92835-4127 714-745-5281

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/24/2018
Date

Executed on 10/25/2018
Date

Executed on _____
Date

Executed on _____
Date

By Tammi McIntyre _____
Signature of Treasurer or Assistant Treasurer

By Andrea Marr _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent



Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 11

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Andrea Marr

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Sought : City Council Member

City- City of Costa Mesa, Dist 3

3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
180 Fairwinds Costa Mesa CA 92626-6586

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary



Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

| | | |
|--|--|-------------------------------|
| Statement covers period from 09/23/2018 through 10/20/2018 | | CALIFORNIA FORM 460 |
| | | Page <u>3</u> of <u>11</u> |
| | | I.D. NUMBER 1397147 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Marr for City Council 2018

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------------|--------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ 4971.00 | \$ 26348.00 |
| 2. Loans Received | Schedule B, Line 3 | 64.60 | 660.85 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$ 5035.60 | \$ 27008.85 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | 2384.88 | 4138.88 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$ 7420.48 | \$ 31147.73 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | | |
|----------------------------|------------------|-------------|
| | 1/1 through 6/30 | 7/1 to Date |
| 20. Contributions Received | \$ | \$ |
| 21. Expenditures Made | \$ | \$ |

Expenditures Made

| | | | |
|--|----------------------|-------------|-------------|
| 6. Payments Made | Schedule E, Line 4 | \$ 8152.29 | \$ 22669.38 |
| 7. Loans Made | Schedule H, Line 3 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$ 8152.29 | \$ 22669.38 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | 0.00 | 0.00 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | 2384.88 | 4138.88 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$ 10537.17 | \$ 26808.26 |

Expenditure Limit Summary for State Candidates

| | |
|--|---------------|
| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | |
| Date of Election (mm/dd/yy) | Total to Date |
| / / | \$ |
| / / | \$ |

Current Cash Statement

| | | |
|---|---|-------------|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ 15185.92 |
| 13. Cash Receipts | Column A, Line 3 above | 5035.60 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 0.00 |
| 15. Cash Payments | Column A, Line 8 above | 8152.29 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 12069.23 |

If this is a termination statement, Line 16 must be zero.

| | | |
|------------------------------------|--------------------|---------|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | \$ 0.00 |
|------------------------------------|--------------------|---------|

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|---------------------------------------|-----------|
| 18. Cash Equivalents | See instructions on reverse | \$ 0.00 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ 660.85 |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

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
from 09/23/2018
through 10/20/2018

CALIFORNIA
FORM **460**

Page 4 of 11

SEE INSTRUCTIONS ON REVERSE

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 * | 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/19/2018 | Tom Arnold [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 500.00 | 1500.00 | 1500.00 G 18 |
| 09/24/2018 | Tom Arnold [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 500.00 | 1500.00 | 1500.00 G 18 |
| 10/04/2018 | Katie Arthur [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales Adobe Systems | 150.00 | 150.00 | 150.00 G 18 |
| 10/01/2018 | Dennis Ashendorf [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teacher Newport Mesa USD | 20.00 | 190.00 | 190.00 G 18 |
| 10/01/2018 | Inez Freenman-Beaver [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 100.00 | 100.00 | 100.00 G 18 |
| SUBTOTAL \$ | | | | 1270.00 | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 4794.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 177.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 4971.00

*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

FPPC Form 460 (January/05)

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



Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

| | |
|--|---|
| Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u> | CALIFORNIA FORM 460 Page <u>5</u> of <u>11</u> |
| 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 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) |
|--------------------|---|---|---|-----------------------------|---|---------------------------------------|
| 10/13/2018 | Huntington Beach Firefighters Association PAC 555 Capitol Mall Ste 400 Sacramento, CA 95814-4504 ID :902935 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | 250.00 G 18 |
| 10/13/2018 | Irwin Jacobs [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 300.00 | 300.00 | 300.00 G 18 |
| 10/13/2018 | Joan Jacobs [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 300.00 | 300.00 | 300.00 G 18 |
| 10/02/2018 | Sara Jacobs [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Investor Sara Jacobs | 300.00 | 300.00 | 300.00 G 18 |
| 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 | 1000.00 | 1000.00 G 18 |
| SUBTOTAL \$ | | | | 2150.00 | | |

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 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

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



Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

| | |
|--|--|
| Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u> | CALIFORNIA FORM 460 Page <u>6</u> of <u>11</u> |
|--|--|

| | |
|--|-------------------------------|
| 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 * | 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/11/2018 | Michelle Murphy [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Manager United Way | 150.00 | 150.00 | 150.00 G 18 |
| 10/03/2018 | Bob Nelson [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Principal Manolaos Nelson Murphy | 250.00 | 250.00 | 250.00 G 18 |
| 10/15/2018 | Newport Beach Womens Democratic Club P. O. Box 5037 Newport Beach, CA 92662 ID :C00570168 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 400.00 | 400.00 | 400.00 G 18 |
| 10/18/2018 | Orange County Professional Firefighters Association 1900 E Warner Ave Ste G Santa Ana, CA 92705-5549 ID :950925 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 300.00 | 300.00 | 300.00 G 18 |
| 10/20/2018 | Eva Orozco [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 25.00 | 205.00 | 255.00 G 18 |
| SUBTOTAL \$ | | | | 1125.00 | | |

***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 Contributions Received

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

SCHEDULE A (CONT.)

| | |
|--|---|
| Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u> | CALIFORNIA FORM 460 Page <u>7</u> of <u>11</u> I.D. NUMBER <u>1397147</u> |
|--|---|

NAME OF FILER

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) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------------|---|--|
| 10/10/2018 | Linda Sadeghi [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Randolph Studios | 249.00 | 249.00 | 249.00 G 18 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | 249.00 | | |

***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

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



Schedule B – Part 1 Loans Received

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

SCHEDULE B - PART 1

| | |
|--|-------------------------------|
| Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u> | CALIFORNIA FORM 460 |
| | Page <u>8</u> of <u>11</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Marr for City Council 2018

I.D. NUMBER

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 PAID OR FORGIVEN THIS PERIOD * | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|---|--|--|---|---|--|--|
| Andrea Marr 180 Fairwinds Costa Mesa, CA 92626-6586 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Senior Program Manager / Candidate Willdan | \$ <u>196.25</u> | \$ <u>0.00</u> | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ <u>196.25</u> <u>12/31/2018</u> DATE DUE | <u>0.00</u> % RATE \$ <u>0.00</u> | \$ <u>196.25</u> <u>02/01/2018</u> DATE INCURRED | CALENDAR YEAR \$ <u>261.85</u> PER ELECTION ** \$ <u>661.85</u> G <u>18</u> |
| Andrea Marr 180 Fairwinds Costa Mesa, CA 92626-6586 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Senior Program Manager / Candidate Willdan | \$ <u>400.00</u> | \$ <u>0.00</u> | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ <u>400.00</u> <u>12/31/2018</u> DATE DUE | <u>0.00</u> % RATE \$ <u>0.00</u> | \$ <u>400.00</u> <u>06/16/2017</u> DATE INCURRED | CALENDAR YEAR \$ <u>261.85</u> PER ELECTION ** \$ <u>661.85</u> G <u>18</u> |
| Andrea Marr 180 Fairwinds Costa Mesa, CA 92626-6586 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Senior Program Manager / Candidate Willdan | \$ <u>0.00</u> | \$ <u>64.60</u> | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ <u>64.60</u> <u>12/31/2018</u> DATE DUE | <u>0.00</u> % RATE \$ <u>0.00</u> | \$ <u>64.60</u> <u>09/27/2018</u> DATE INCURRED | CALENDAR YEAR \$ <u>261.85</u> PER ELECTION ** \$ <u>661.85</u> G <u>18</u> |
| SUBTOTALS \$ | | | 64.60 \$ | 0.00 \$ | 660.85 \$ | 0.00 | | |

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 64.60
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 64.60
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

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

** If required.



Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

| | |
|--|---|
| Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u> | CALIFORNIA FORM 460 Page <u>9</u> of <u>11</u> |
| I.D. NUMBER 1397147 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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) |
|---------------|---|---|--|---|---------------------------|---|------------------------------------|
| 10/10/2018 | 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 | | Urblinks for Graphic design of Social Media Ads | 80.00 | 4634.88 | 4634.88 G 18 |
| 10/17/2018 | 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 | | Online Advertisements & Consulting | 1500.00 | 4634.88 | 4634.88 G 18 |
| 10/03/2018 | 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 | | Campaign Literature | 604.88 | 4634.88 | 4634.88 G 18 |
| 10/10/2018 | 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 | | Facebook for Social Media Advertisements | 200.00 | 4634.88 | 4634.88 G 18 |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 2384.88

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 2384.88
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$ 2384.88

*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

FPPC Form 460 (January/05)

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



Schedule E Payments Made

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

SCHEDULE E

| | |
|--|---|
| Statement covers period from 09/23/2018 through 10/20/2018 | CALIFORNIA FORM 460 Page 10 of 11 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 | 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 PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| ARDA Campaigns 675 N Euclid St. #481 Anaheim, CA 92801 | LIT | | 4374.00 |
| ARDA Campaigns 675 N Euclid St. #481 Anaheim, CA 92801 | POS | | 1052.00 |
| California Latino Voters' Guide 930 Colorado Blvd Bldh 2 Los Angeles, CA 90041-1735 | PRT | | 250.00 |

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

SUBTOTAL \$ 5676.00

Schedule E Summary

| | |
|--|-------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 8030.66 |
| 2. Unitemized payments made this period of under \$100 | \$ 121.63 |
| 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.) | TOTAL \$ 8152.29 |

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

| | | |
|----------------------------|------------|-----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/23/2018 | |
| through | 10/20/2018 | Page <u>11</u> of <u>11</u> |
| NAME OF FILER | | I.D. NUMBER |
| Marr for City Council 2018 | | 1397147 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Marr for City Council 2018

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| | | |
|--|--|--|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
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| 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 PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| 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 | CMP | | 1969.66 |
| | | | |
| | | | |
| | | | |

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

SUBTOTAL \$ 2354.66

