

# 497 Contribution Report

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

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497 CONTRIBUTION REPORT

NAME OF FILER Marr for City Council 2018		Date of This Filing 01/24/2019	Date Stamp 19 JAN 28 AM 9:21	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (949) 697-7532	I.D. NUMBER (if applicable) 1397147	Report No. _____		
STREET ADDRESS 1440 N Harbor Blvd Ste 707		<input checked="" type="checkbox"/> Amendment to Report No. AM-6 <small>(explain below)</small>		
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 <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
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		1593.75  <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: Revised donation amount

