				2	RECEIV	ELI		
Statement of Recipient Cor	_			CITY CE	ERK	CALIFOR FORM	NIA 410	
Statement Type	☐ Initial Not yet qualified ☐ or	Amendment List I.D. number: # 1397147	Termina List I.D. numb	tion – See Part 5 er:		M 9: 10	For Of	ficial Use Only
	//	# 07 26 2017 Date qualified as committee (If applicable)	#/		CITY OF COSTA	MESA 1 of 3		
1. Committee I	nformation	(in application)		2. Treasurer and	d Other Principal C	Officers		
Marr for City Cou	ncil 2022 o. Box)		Tammi McIntyr					
1440 N Harbor Bl	vd Ste 707			1440 N Harbor	Blvd Ste 707			
CITY	STATE	ZIP CODE AREA CODE/		CITY		STATE	ZIP CODE	AREA CODE/PHONE
Fullerton	CA	92835-4120 (949) 6	697-7532	Fullerton NAME OF ASSISTANT TRE	ASURER IE ANY	CA	92835-4120	949-697-7532
MAILING ADDRESS (IF D	DEFERENT)	and the state of t		Joanna Barcele	ona			
FAX / E-MAIL ADDRESS	.mac-consulting@nachell n	et		*	•			
(949) 271-4896 t-mac-consulting@pacbell.net				CITY HARDON	Blvd Suite 707	STATE	ZIP CODE	AREA CODE/PHONE
Orange City of Costa Mes			Mesa. CA			CA	92835-4127	714-745-5281
<u> </u>	10.0,0			Fullerton NAME OF PRINCIPAL OFF	CER(S)			
Attach additional	l information on appropriately	y labeled continuation sheet	ts.	STREET ADDRESS (NO P.O	. BOX)			
				CITY		STATE	ZIP CODE	AREA CODE/PHONE
	reasonable diligence in prepa ury under the laws of the Stat				ormation contained he	rein is true	and complete. I	certify under
Executed on	03/15/2019 By				1			
Executed on	03/18/2019 By	CIGNATIVE		F TREASURER OR ASSISTANT	STATE MEASURE PROPONENT	<u> </u>		
Executed on	By			,	STATE MEASURE PROPONENT	,,,,,		
Executed on	DATE By				R STATE MEASURE PROPONENT			
	VAL.	SIGNALOR	LOF CONTROLLING O	FIREHOLDER, CANDIDATE, OF	A JANE MEADORE PROPONEIN		FPPC	Form 410 (Dec/2012)

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov



Statement of Organization Recipient Committee	CALIFORNIA 410												
INSTRUCTIONS ON REVERSE													
		Page 2	of 3										
COMMITTEE NAME	1.D. NUMBER 1397147												
Marr for City Council 2022	1397	147											
All committees must list the financial institution where the campaign bank account is located.													
NAME OF FINANCIAL INSTITUTION	AREA CO	DE/PHONE	BANK ACCOUNT	NT NUMBER									
Opus Bank		714-578-7502											
ADDRESS	CITY		STATE	ZIP CODE									
200 W Commonwealth Ave	Fulle	erton	CA	92832									
4. Type of Committee Complete the applicable sections.													
Controlled Committee		ALCOHOLOGY CONTRACTOR ALCOHOLOGY	Minus Branch Jacob										
 List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election. List the political party with which each officeholder or candidate in the controlled committee. 	s affiliated	or check "nonpartisan."				sought or h	eld, and						
• If this committee acts jointly with another controlled committee,	iist the har			controlled committee.	i								
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)			NC	PARTY							
Andrea Marr		Held : City Council Member City- City of Costa Mesa 2022			X No	Nonpartisan							
					□ No	npartisan							
Primarily Formed Committee Primarily formed to support or op-	pose spec	ific candidates or measures in	a single elec	tion. List below:	•								
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JU (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICA						CHECK ONE							
						SUPPORT	OPPOSE						
						SUPPORT	OPPOSE						

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