

**497 Contribution Report**

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

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CITY CLERK

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497 CONTRIBUTION REPORT

NAME OF FILER Marr for City Council 2022		Date of This Filing 10/04/2022	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER (949) 697-7532	I.D. NUMBER (if applicable) 1397147	Report No. AM-14	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Fullerton	STATE CA	ZIP CODE 92835-4135	No. of Pages 1

22 OCT 14 3:12:11  
CITY OF COSTA MESA  
BY gg

**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
10/03/2022	Laborers International Union of North America Laborers Local 652 [REDACTED] ID :1251912	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000.00 <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

\*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: \_\_\_\_\_

