

AMENDMENT

COVER PAGE

Filed Date: 10/02/2024 08:03 PM
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Marr Andrea M.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Costa Mesa

Division, Board, Department, District, if applicable

Your Position

City Council Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Costa Mesa Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2023, through December 31, 2023. Leaving Office: Date Left ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through December 31, 2023. The period covered is January 1, 2023, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

- Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached
- Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
77 Fair Dr Costa Mesa CA 92626-6520
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(714) 754-5221

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 10/02/2024 08:03 PM Signature Andrea M. Marr
(month, day, year) (File the originally signed paper statement with your filing official.)

SCHEDULE A-1
Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

NAME OF BUSINESS ENTITY
Vanguard Mutual Funds
GENERAL DESCRIPTION OF THIS BUSINESS
Mutual Funds
FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:
____/____/23 ____/____/23
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:
____/____/23 ____/____/23
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Willdan Group
GENERAL DESCRIPTION OF THIS BUSINESS
Engineering
FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:
____/____/23 ____/____/23
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
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 \$100,001 - \$1,000,000 Over \$1,000,000
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____/____/23 ____/____/23
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
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 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:
____/____/23 ____/____/23
ACQUIRED DISPOSED

Filer's Verification
Print Name Andrea Marr
Office, Agency or Court City of Costa Mesa
Statement Type 2023/2024 Annual Assuming Leaving
 _____ (yr) Annual Candidate
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any 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.
Date Signed 10/02/2024 08:03 PM
(month, day, year)
Filer's Signature Andrea M. Marr

Comments: Vanguard stocks include the following holdings >\$2,000: VADGX (\$5,600), VAGVX (\$8,300), VAIGX (\$5,700), VHCAV (\$12,900).