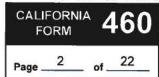
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in in		LERK	CALIFORNIA 2001/02 FORM
	Statement covers period from01/01/2022	Date of election if applicate Date (Month, Day, Year)		Page of For Official Use Only
	through	ВҮ	a tara tara da ana ara a	
State Candidate Election Committee     Recall     (Also Complete Part 5)     General Purpose Committee     Sponsored     Small Contributor Committee	Amplete Parts 1, 2, 3, and 4.         Primarily Formed Ballot Measure         Committee         Controlled         Sponsored         Also Complete Part 6)         Primarily Formed Candidate/         Officeholder Committee         Also Complete Part 7)	<ul> <li>2. Type of Statement:</li> <li>Preelection Statement</li> <li>X Semi-annual Statement</li> <li>Termination Statement (Also file a Form 410 Termination)</li> <li>Amendment (Explain below)</li> </ul>	Specia	erly Statement II Odd-Year Report emental Preelection nent - Attach Form 495
3 Committee Information	0. NUMBER 397147	Treasurer(s)	-8787	10 1841
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Marr for City Council 2022		NAME OF TREASURER Tammi McIntyre MAILING ADDRESS	-	
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	
CITY STATE ZIP CO Fullerton CA 92835	AREA CODE/PHONE -4135 (949) 697-7532	Fullerton NAME OF ASSISTANT TREASURER, IF ANY Joanna Barcelona	CA 92835	4135 949-697-7532
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B		MAILING ADDRESS		- Six
CITY STATE ZIP CO	DDE AREA CODE/PHONE	city Fullerton	STATE ZIP CO CA 92835	
OPTIONAL: FAX / E-MAIL ADDRESS (949) 271-4896 t-mac-consulting@pacbell.net		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification         I have used all reasonable difigence in preparing and reviewing under penalty of perjury under the laws of the State of California         Executed on       07/25/2022         Date         Executed on       Date	a that the foregoing is true and correct. By <u>Tammi McInt</u> By <u>Andrea Marr</u> Signature of Contr By By By		nsible Officer of Sponsor	FPPC Form 460 (January/05)
Direct File			FPPC Toll-Free Hel	pline: 866/ASK-FPPC (866/275-3772 State of California

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#### COVER PAGE - PART 2



#### 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND Held : City Council Member City- City of Costa Mesa	DISTRICT NUMBE	R IF APPLICABLI	E) 3
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	T) CITY	STATE	ZIP

**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. NUME	BER
NAME OF TREASURER	Res - Igi		
COMMITTEE ADDRESS	STREET ADDRESS (NO	D P.O. BOX)	1.00-0
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME		I.D. NUME	BER
NAME OF TREASURER			
COMMITTEE ADDRESS	STREET ADDRESS (NO	D P.O. BOX)	9 <b></b>
CITY	STATE	ZIP CODE	AREA CODE/PHONE

### 6. Primarily Formed Ballot Measure Committee

BALLOT NO. OR LETTER	JURISDICTION	

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

NAME OF BALLOT MEASURE

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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT

Attach continuation sheets if necessary

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



Campaign Disclosure Statement Summary Page SEE INSTRUCTIONS ON REVERSE NAME OF FILER Marr for City Council 2022	Type or print in ink. Amounts may be round to whole dollars.	d Statem from through _		nent covers period 01/01/2022 06/30/2022	SUMMARY PAGE           CALIFORNIA FORM         460           Page         3         of         22           I.D. NUMBER         1397147         397147         300
Contributions Received         1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	\$ 0.00 \$ 10506.71 0.00	s10	EAR	Running in Both t General Elections 1/1 20. Contributions Received \$	mmary for Candidates he State Primary and
Expenditures Made         6. Payments Made       Schedule E, Line 4         7. Loans Made       Schedule H, Line 3         8. SUBTOTAL CASH PAYMENTS       Add Lines 6 + 7         9. Accrued Expenses (Unpaid Bills)       Schedule F, Line 3         10. Nonmonetary Adjustment       Schedule C, Line 3         11. TOTAL EXPENDITURES MADE       Add Lines 8 + 9 + 10	\$ 0.00 \$ 3129.82 0.00 0.00	\$3	129.82 0.00 129.82 0.00 0.00 129.82	Candidates 22. Cumulat	t Summary for State tive Expenditures Made* to Voluntary Expenditure Limit) Total to Date
Current Cash Statement         12. Beginning Cash Balance       Previous Summary Page, Line 16         13. Cash Receipts       Column A, Line 3 above         14. Miscellaneous Increases to Cash       Schedule I, Line 4         15. Cash Payments       Column A, Line 8 above         16. ENDING CASH BALANCE       Add Lines 12 + 13 + 14, then subtract Line 15         If this is a termination statement, Line 16 must be zero.       Schedule B, Part 2         Cash Equivalents and Outstanding Debts       See instructions on reverse	10506.71 0.00 3129.82 \$ 13831.43	To calculate Colur amounts in Colurr corresponding an from Column B of report. Some am Column A may be figures that shoul subtracted from p period amounts. the first report be for this calendar carry over the an from Lines 2, 7, a any).	In A to the mounts f your last ounts in regative d be previous if this is ing filed year, only mounts	*Amounts in this section reported in Column B.	may be different from amounts

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Schedule A Monetary Contributions Received				Statement cov from01/0	ers period 1/2022	CALIFORNIA / CO	
	INS ON REVERSE			through06/3	0/2022	Page of22	
NAME OF FILER		Ŧ				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 D CALENDAR YEA (JAN. 1 - DEC. 3	R TO DATE	
01/18/2022	Dennis Ashendorf	XIND □COM □OTH □PTY □SCC	Teacher Newport Mesa USD	20.00	120	230.00 G 1 240.00 G 2	
05/18/2022	Dennis Ashendorf	XIND COM OTH PTY SCC	Teacher Newport Mesa USD	20.00	120	230.00 G 18 0.00 240.00 G 22	
03/18/2022	Dennis Ashendorf	XIND COM OTH PTY SCC	Teacher Newport Mesa USD	20.00	120	240.00 G 22 230.00 G 18	
06/18/2022	Dennis Ashendorf		Teacher Newport Mesa USD	20.00	120	230.00 G 18 240.00 G 22	
02/18/2022	Dennis Ashendorf	XIND COM OTH PTY SCC	Teacher Newport Mesa USD	20.00	120	240.00 G 22 0.00 230.00 G 18	
			SUBTOTAL	\$ 100.00			
1. Amount ree	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)		\$	9572.78	IND – In COM – I	outor Codes dividual Recipient Committee (other than PTY or SCC)	
3. Total mone	ceived this period – unitemized monetary contributions tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colur			933.93	OTH =0 PTY =P SCC =S	Other (e.g., business entity) Political Party Small Contributor Committee FPPC Form 460 (January/05)	

Direct File

	A (Continuation Sheet) Contributions Received			Statement covers period from01/01/2022 through06/30/2022		CALIFO FOF Page	RM 400
NAME OF FILER Marr for City	Council 2022					I.D. NUME	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
04/18/2022	Dennis Ashendorf		Teacher Newport Mesa USD	20.00	1:	20.00	240.00 G 2 230.00 G 1
05/18/2022	Chris Blank		Attorney Christopher L. Blank	250.00	2	50.00	250.00 G 1 250.00 G 2
06/30/2022	Eric Bornstein		Deputy Program Manager Willdan	100.00	10	00.00	100.00 G 2
05/19/2022	Paul Christman		Dir, Business Intelligence Magruder Hospital	100.00	10	00.00	100.00 G 2 100.00 G 1
05/19/2022	Jim Conrath	XIND COM OTH PTY SCC	Retired N/A	100.00	1(	00.00	300.00 G 11 100.00 G 2
			SUBTOTAL	570.00		S. 19	



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Monetary	chedule A (Continuation Sheet) onetary Contributions Received		Type or print in ink. Amounts may be rounded to whole dollars.		/2022	CALIFORNIA FORM 460	
NAME OF FILER	Council 2022				10-02	97147	
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 DA CALENDAR YEAR (JAN. 1 - DEC. 31)	TODATE	
06/30/2022	David Daniel	XIND COM OTH PTY SCC	Management Willdan	250.00	250.	250.00 G 22	
06/17/2022	Byron de Arakai	XIND COM OTH PTY SCC	Consultant Byron de Arakal	259.11	259.	508.11 G 22	
06/17/2022	Armando De La Libertad	XIND COM OTH PTY SCC	Government Relations SCE	100.00	100.	100.00 G 22 00	
06/30/2022	Barbara Delgleize	XIND COM OTH PTY SCC	Real Estate Broker Re/Max Select One	103.83	103.	103.83 G 22 83	
06/17/2022	Tiffany Dunbar	XIND COM OTH PTY SCC	Owner 2145	50.00	100.0	100.00 G 22	
			SUBTOTAL	\$ 762.94			

Direct File

Schedule A (Continuation Sheet) Monetary Contributions Received		Type or print in Ink. Amounts may be rounded to whole dollars.		Statement covers period from01/01/2022 through06/30/2022		SCHEDULE A (CONT.) CALIFORNIA FORM 460 Page 7 of 22	
NAME OF FILER Marr for City	Council 2022					D. NUMBER 397147	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEA (JAN. 1 - DEC. 3	R TO DATE	
06/17/2022	Tiffany Dunbar	IND COM OTH PTY SCC	Owner 2145	50.00	100	.00 100.00 G 22	
06/13/2022	Irene Engard	IND COM OTH PTY SCC	Retired N/A	103.83	103	.83 103.83 G 22 456.00 G 18	
06/17/2022	Inez Freenman-Beaver		Retired N/A	100.00	100	200.00 G 18 .00 100.00 G 22	
05/31/2022	Justus Gettv	XIND COM OTH PTY SCC	Attorney CleanChoice Energy	155.59	155	.59 100.00 G 18 155.59 G 22	
06/17/2022	Jack Gill	XIND COM OTH PTY SCC	President Pre-Fab Builders	80.00	200	.00 200.00 G 22	
			SUBTOTAL	\$ 489.42			

\*Contributor Codes

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IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee

Direct File

Monetary	nedule A (Continuation Sheet) netary Contributions Received				Statement covers period from 01/01/2022 through 06/30/2022		SCHEDULE A (CONT.) LIFORNIA $460$ FORM $22$
NAME OF FILER Marr for City	Council 2022				10004	NUMBER 7147	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, 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)	E PER ELECTION TO DATE (IF REQUIRED)	
06/17/2022	Jack Gill	XIND COM OTH PTY SCC	President Pre-Fab Builders	40.00	200.0	200.00 G 22	
06/17/2022	Jack Gill	XIND COM OTH PTY SCC	President Pre-Fab Builders	80.00	200.0	200.00 G 22	
06/30/2022	Antonia Graham	XIND COM OTH PTY SCC	Public Affairs Curt Pringle & Associates	102.80	102.8	102.80 G 22	
06/15/2022	John Hanna	XIND COM OTH PTY SCC	Attorney SE Regional Council of Carpenters	103.83	123.8	123.83 G 22 3	
06/17/2022	John Hanna		Attorney SE Regional Council of Carpenters	20.00	123.8	123.83 G 22	
			SUBTOTAL	\$ 346.63			

Direct File

	A (Continuation Sheet) Contributions Received	Type or pri Amounts may to whole o	be rounded	110m	/2022	schedule A (CONT.) ALIFORNIA FORM 460
NAME OF FILER	Council 2022			through	Pa I.D	ge of2 NUMBER 97147
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	E PER ELECTION TO DATE (IF REQUIRED)
06/17/2022	Catharine Hardesy	XIND COM OTH PTY SCC	Adjunct Professor SOCCCD	100.00	100.0	100.00 G 22
06/17/2022	Samuel Helm	XIND COM OTH PTY SCC	Unemployed N/A	100.00	100.0	100.00 G 23
03/23/2022	Haverly Horton	XIND COM OTH PTY SCC	Unemployed N/A	23.08	246.0	384.54 G 2
01/23/2022	Haverly Horton	XIND COM OTH PTY SCC	Unemployed N/A	10.66	246.0	384.54 G 22
02/23/2022	Haverly Horton		Unemployed N/A	23.08	246.0	384.54 G 22
	·		SUBTOTAL	\$ 256.82		

\*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

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Monetary	A (Continuation Sheet) Contributions Received	Type or pri Amounts may to whole o	be rounded	Statement covers period from 01/01/2022 through 06/30/2022		SCHEDULE A (CONT.) LIFORNIA FORM 460
MAME OF FILER	Council 2022					NUMBER 7147
DATE REÇEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, 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)
04/23/2022	Haverly Horton		Unemployed N/A	23.08	246.00	384.54 G 22
05/23/2022	Haverly Horton		Unemployed N/A	23.08	246.00	384.54 G 2
06/23/2022	Haverly Horton	XIND COM OTH PTY SCC	Unemployed N/A	23.08	246.00	384.54 G 2
06/17/2022	Haverly Horton		Unemployed N/A	60.00	246.06	384.54 G 22
06/17/2022	Haverly Horton	XIND COM OTH PTY SCC	Unemployed N/A	60.00	246.06	384.54 G 22
			SUBTOTAL	\$ 189.24	- THIRD Reve with	

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	A (Continuation Sheet) Contributions Received	Type or pri Amounts may to whole o	be rounded	Statement covers period from 01/01/2022 through 06/30/2022		SCHEDULE A (CONT.) ALIFORNIA 460 FORM 22
NAME OF FILER	Council 2022				100	D. NUMBER 997147
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER 1.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAF (JAN. 1 - DEC. 31	TO DATE
06/30/2022	Kristen Kavanaugh	XIND COM OTH PTY SCC	Unemployed N/A	100.00	100.	100.00 G 22 00 150.00 G 18
06/30/2022	Nida Khan I	XIND COM OTH PTY SCC	HR Business Partner Riot Games	103.83	103.	103.83 G 2 83
06/30/2022	Spencer Lipp	XIND COM OTH PTY SCC	Engineer Willdan	259.11	259.	259.11 G 2
06/02/2022	Florence Martin	XIND COM OTH PTY SCC	Retired N/A	1000.00	1000.	2000.00 G 2 00 1000.00 G 1
05/24/2022	Jodie Merkle	XIND COM OTH PTY SCC	Driver FedEx	103.83	103.	103.83 G 22
			SUBTOTAL	<b>\$</b> 1566.77		



	A (Continuation Sheet) Contributions Received	Type or pri Amounts may to whole o	be rounded	trom	/2022	CALIFORNIA FORM 460		
4		4		through06/30	0/2022 P	age <u>12</u> of <u>22</u>		
MAME OF FILER	Council 2022					D. NUMBER 397147		
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 (IFSELF-EMPLOYED, ENTER NAME OFBUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D/ CALENDAR YEA (JAN. 1 - DEC. 31	R TODATE		
06/14/2022	Daniel Morgan		Principal Marterra	1553.11	1553	2588.62 G 22		
06/17/2022	Alyssa Napuri	COM COM OTH PTY SCC	Deputy Chief of Staff County of Orange	100.00	100	100.00 G 22		
06/03/2022	Timothy O'Brien	XIND COM OTH PTY SCC	Senior Managing Director Legacy Partners	249.00	249	249.00 G 22		
06/17/2022	Mary Ann O'Connell	XIND COM OTH PTY SCC	Franchise Consultant O'Connell & Company, Inc	100.00	100	.00 245.00 G 18 100.00 G 22		
06/13/2022	Orange County Victory Fund ID :1267763	□IND XCOM □OTH □PTY □SCC		500.00	500	500.00 G 22		
			SUBTOTAL	\$ 2502.11				

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	chedule A (Continuation Sheet) onetary Contributions Received		nt in ink. be rounded dollars.	Statement cove	rs period /2022	CALIFORNIA FORM 460		
				through06/30	/2022 Pa	age <u>13</u> of <u>22</u>		
NAME OF FILER	Council 2022		ţ			D. NUMBER 197147		
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 (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31	TODATE		
06/30/2022	Elizabeth Parker		Foundation Specialist Coast Community College Dist	258.07	258.	99.00 G 18 07 517.18 G 22		
05/19/2022	Sanket Patel		Engineer Dept of the Navy	103.83	103.	103.83 G 22 83 100.00 G 18		
06/14/2022	Gina Piazza		Numan Resources Ultra Mobile	207.35	207.	25.00 G 18 35 207.35 G 22		
05/21/2022	Wilson Rickerson		Consultant Converge Strategies, LLC	250.00	250.	250.00 G 22 00 600.00 G 18		
05/20/2022	Ronald Robinson		Tech USN	103.83	103.	300.00 G 18 83 103.83 G 22		
			SUBTOTAL	923.08				

\*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

	A (Continuation Sheet) Contributions Received	Type or pri Amounts may to whole o	be rounded	Statement covers period from 01/01/2022 through 06/30/2022		SCHEDULE A (CONT.) ALIFORNIA FORM 460
NAME OF FILER	Council 2022	-	i		1,0	97147
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERI, D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)	TODATE
06/17/2022	Se7enleaf LLC	☐IND ☐COM XOTH ☐PTY ☐SCC		249.00	249.0	249.00 G 22
05/15/2022	Pat Shaffer	XIND COM OTH PTY SCC	Garden Assoc Home Depot	103.83	103.8	103.83 G 22
05/26/2022	Floyd Sylvester	XIND COM OTH PTY SCC	Mental Health Therapist Harmony Health Center	100.00	100.0	350.00 G 1 00 100.00 G 2
05/18/2022	Shawn Terris	XIND COM OTH PTY SCC	CFO Zero Week Solutions	100.00	100.0	525.00 G 18 00 100.00 G 22
05/19/2022	Nicholas Thomas	XIND COM OTH PTY SCC	Owner CloudComm	100.00	100.0	200.00 G 22 50.00 G 18
			SUBTOTAL	\$ 652.83		

	A (Continuation Sheet) Contributions Received	Type or prin Amounts may to whole o	be rounded [	trom06/30	/2022	SCHEDULE A (CONT.) ALIFORNIA FORM 460
MAME OF FILER	Council 2022			through	10000	ge 13 of 22 NUMBER 97147
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 (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	TODATE
06/17/2022	Michelle Villa		Consultant Willdan	100.00	100.0	100.00 G 22
06/30/2022	Carrie Williams	XIND COM OTH PTY SCC	Marketing Consultany Kitchen Table Marketing	103.83	103.8	103.83 G 23
06/13/2022	Women in Leadership ID :931119			500.00	500.0	500.00 G 2 2000.00 G 1
06/17/2022	Melissa Wong	XIND COM OTH PTY SCC	Attorney Immdef	250.00	250.0	250.00 G 22 90.00 G 18
06/10/2022	Michael Wu		Principal Converge Strategies	259.11	259.	259.11 G 2 11 250.00 G 1
			SUBTOTAL	\$ 1212.94		

\*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

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Schedule E Payments Made	Type or pri Amounts may to whole	be rounded		State	ement covers period 01/01/2022	CALIFORNIA FORM	460
NSTRUCTIONS ON REVERSE       from       0f/30/2022         INSTRUCTIONS ON REVERSE       06/30/2022         INSTRUCTIONS ON REVERSE       07 or table airtime and p	Page	of					
NAME OF FILER						I.D. NUMBER	
Marr for City Council 2022						1397147	
CODES: If one of the following codes accurately describe	a the normant w	au mau antar l	the ender O	thomaine des	and has a second a		
CMP       campaign paraphernalia/misc.         CNS       campaign consultants         CTB       contribution (explain nonmonetary)*         CVC       civic donations         FIL       candidate filing/ballot fees         FND       fundraising events         IND       independent expenditure supporting/opposing others (explain)*         LEG       legal defense	MBR member cor MTG meetings ar OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de PRO professiona	mmunications nd appearances enses culating ks survey research elivery and messe	nger services	RAD rac RFD ref SAL ca TEL t.v TRC ca TRS sta TSF tra VOT vo	dio airtime and production lurned contributions mpaign workers' salaries or cable airtime and pro ndidate travel, lodging, ar aff/spouse travel, lodging, nsfer between committee ter registration	duction costs ad meals and meals as of the same cand	idate/sponsor
NAME AND ADDRESS OF PAYEE (F COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR		DESCRIPTION OF	PAYMENT	AM	OUNT PAID
AT Connections LLC 1835 Newport Blvd Ste A109-239 Costa Mesa, CA 92627-5031		CNS		111			1200.00

AT Connections LLC 1835 Newport Blvd	CNS	1000.00
Ste A109-239 Costa Mesa, CA 92627-5031	CNO	1000.00
McIntyre & Barcelona, LLC		
	PRO	300.00

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

## SUBTOTAL\$ 2500.00

# Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 3129.82
2. Unitemized payments made this period of under \$100	\$ 0.00
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.)	\$ 3129.82



Schedule E       Type or print         (Continuation Sheet)       Amounts may be to whole do         Payments Made       to whole do         SEE INSTRUCTIONS ON REVERSE       Marr for City Council 2022	e rounded	*	Stater from through _	ment covers period 01/01/2022 06/30/2022	CALIFO FOR	17 of 22
CODES:       If one of the following codes accurately describes the payment, yr         CMP       campaign paraphernalia/misc.       MBR       member com         CNS       campaign consultants       MTG       meetings and         CTB       contribution (explain nonmonetary)*       OFC       office expen         CVC       civic donations       PET       petition circul         FIL       candidate filing/ballot fees       PHO       phone banks         FND       fundraising events       POL       polling and s         IND       independent expenditure supporting/opposing others (explain)*       POS       postage, deli         LFG       legal defense       PRO       professional       LT         LT       campaign literature and mailings       PRT       print ads	munications d appearance ses lating urvey researd very and mes	5	RAD rad RFD retu SAL car TEL t.v. TRC car TRS sta TSF trai VOT vot	scribe the payment io airtime and productio urned contributions npaign workers' salarie or cable airtime and pri- ndidate travel, lodging, a ff/spouse travel, lodging, nsfer between committed er registration primation technology cos	on costs s oduction costs and meals g, and meals res of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DE	SCRIPTION OF	PAYMENT	t.	AMOUNT PAID
McIntyre & Barcelona, LLC	PRO					357.75
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB		а.			77.34
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB			 		4.56
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB					5.60
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB					10.92
* Payments that are contributions or independent expenditures must also be summarized on	Schedule D.			S		456.17

**Direct** File

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Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Type or prin Amounts may t to whole d	e rounded		St from throu	atement covers period 01/01/2022 06/30/2022	CALIFO FOR	M 400
Marr for City Council 2022					•	1397147	
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings ar OFC office experi- PET petition circu PHO phone bank POL polling and POS postage, de	nmunications ad appearanc nses ulating s survey resea livery and me	es	RAD RFD SAL TEL TRC TRS TSF VOT	describe the payment radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and pr candidate travel, lodging, a staff/spouse travel, lodging transfer between committee voter registration information technology cos	on costs s oduction costs and meals g, and meals ses of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	-	CODE	OR D	ESCRIPTIO	N OF PAYMENT		AMOUNT PAID
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB					10.51
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB					6.68
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB					4.40
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB					8.15
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	16	WEB					12.51
* Payments that are contributions or independent expenditures must also	o be summarized on	Schedule D.	2		s	UBTOTAL \$	42.25

**Direct** File

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

(Continuation Sheet) Amount	e or print in ink. Is may be rounded whole dollars.		Statem from through	ent covers period 01/01/2022 06/30/2022	CALIFO FOR	M 400
CNS     campaign consultants     MTG     mee       CTB     contribution (explain nonmonetary)*     OFC     offic       CVC     civic donations     PET     petil       FIL     candidate filing/ballot fees     PHO     phot       FND     fundraising events     POL     polit       ND     independent expenditure supporting/opposing others (explain)*     POS     post       LEG     legal defense     PRO     prof	ment, you may en nber communications trings and appearance e expenses tion circulating ne banks ng and survey resear age, delivery and me essional services (leg t ads	s ch ssenger services	RAD radio RFD return SAL cam TEL t.v. o TRC cano TRS staff TSF trans VOT vote	cribe the payment o airtime and production med contributions paign workers' salarie or cable airtime and pro- didate travel, lodging, a /spouse travel, lodging sfer between committed r registration mation technology cos	on costs s oduction costs and meals g, and meals ses of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	R	DESCRIPTION OF I	PAYMENT		AMOUNT PAID
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB					4.56
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB			r		40.00
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB	-				1.12
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB					4.56
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB	2	2			1.25
* Payments that are contributions or independent expenditures must also be summa	rized on Schedule D.			S	UBTOTAL \$	51.49

Direct File

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Schedule E (Continuation Sheet) Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.			FORNIA 460
SEE INSTRUCTIONS ON REVERSE			through 00/30/2022 Page	20 of 22
NAME OF FILER				JMBER
Marr for City Council 2022			1397	147
CODES: If one of the following codes accurately describe	es the payment, y	ou may enter the code. Ot	therwise, describe the payment.	in technice
CMP       campaign paraphernalia/misc.         CNS       campaign consultants         CTB       contribution (explain nonmonetary)*         CVC       civic donations         FIL       candidate filing/ballot fees         FND       fundraising events.         IND       independent expenditure supporting/opposing others (explain)*         LEG       legal defense         LIT       campaign literature and mailings	OFC office exper PET petition circu PHO phone banks POL polling and POS postage, de	d appearances nses Ilatíng	<ul> <li>RAD radio airtime and production costs</li> <li>RFD returned contributions</li> <li>SAL campaign workers' salaries</li> <li>TEL t,v, or cable airtime and production c</li> <li>TRC candidate travel, lodging, and meals</li> <li>TRS staff/spouse travel, lodging, and meals</li> <li>TSF transfer between committees of the</li> <li>VOT voter registration</li> <li>WEB information technology costs (internet</li> </ul>	als same candidate/sponsor
NAME AND ADDRESS OF PAYEE (F COMMITTEE, ALSO ENTER ID, NUMBER)		CODE OR D	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB		0.71
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB		1.12
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB		1.99
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB		0.71
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB		1,12
* Payments that are contributions or independent expenditures must als	o be summarized on	Schedule D	SUBTOTA	L\$ 5.65

	Type or print in ink. Amounts may be rounded to whole dollars.		State from through _	06/30/2022		CALIFORNIA FORM 460 Page 21 of 22 I.D. NUMBER 1397147	
CNS     campaign consultants     MTG       CTB     contribution (explain nonmonetary)*     OFC       CVC     civic donations     PET       FIL     candidate filing/ballot fees     PHO       FND     fundraising events     POL       IND     independent expenditure supporting/opposing others (explain)*     POS       LEG     legal defense     PRO	member comr meetings and office expens petition circula phone banks polling and so postage, deliv	nunications appearances ating urvey resea very and me	es	RAD rac RFD ret SAL car TEL t.v. TRC car TRS sta TSF tra VOT vot	scribe the paymen lio airtime and productio urned contributions mpaign workers' salarie or cable airtime and pr ndidate travel, lodging, a ff/spouse travel, lodging insfer between committe er registration prmation technology com	on costs rs roduction costs and meals g, and meals rees of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF	PAYMENT		AMOUNT PAID
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB					1.99
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB			TH 015	×	0.71
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB					1.12
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	5	SAL					1.99
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB			Server S		0.71

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

Direct File

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Schedule E (Continuation Sheet) Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period CA from01/01/2022	SCHEDULE E (CONT.) ALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Marr for City Council 2022	- 3100		1.0	age 22 of 22 0. NUMBER 97147
CODES: If one of the following codes accurately description CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings	MBR member con MTG meetings ar OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de	nmunications ad appearances nses ulating	therwise, describe the payment. RAD radio airtime and production cost RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and productio TRC candidate travel, lodging, and me TRS staff/spouse travel, lodging, and TSF transfer between committees of VOT voter registration WEB information technology costs (inter-	n costs als meals the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (F COMMITTEE, ALSO ENTER ID, NUMBER)	27542	CODE OR E	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB		1.33
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB		1.12
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB		1.25
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB		44.32
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB		19.72
* Payments that are contributions or independent expenditures must	also be summarized on	Schedule D.	SUBTO	TAL \$ 67.74

**Birect** File