Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	CALIFORNIA 2001/02 FORM	
	Statement covers period 01/01/2018 06/30/2018	Date of election if applicable: (Month, Day, Year)	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through	UIT UT CL	ISTA MESA
<ul> <li>○ State Candidate Election Committee</li> <li>○ Recall</li> <li>(Also Complete Part 5)</li> <li>□ General Purpose Committee</li> </ul>	complete 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)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	☐ Quarterly Statement ☐ Special Odd-Year Report ☐ Supplemental Preelection Statement - Attach Form 495
3. Committee information	.D. NUMBER 1397147	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Marr for City Council 2018	)	NAME OF TREASURER Tammi McIntyre  MAILING ADDRESS 1440 N Harbor Blvd Ste 707	
STREET ADDRESS (NO P.O. BOX) 1440 N Harbor Blvd Ste 707		CITY Fullerton	STATE ZIP CODE AREA CODE/PHO CA 92835-4120 949-697-75
Fullerton STATE ZIP C	AREA CODE/PHONE (949) 697-7532	NAME OF ASSISTANT TREASURER, IF ANY Joanna Barcelona	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	BOX	MAILING ADDRESS  1440 N Harbor Blvd Suite 707	
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY Fullerton	STATE         ZIP CODE         AREA CODE/PHO           CA         92835-4127         714-745-52
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 diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californ Date  Executed on O7/30/2018  Executed on Date  Date	nia that the foregoing is true and correct.  By Tammi Mcl	ntyre Signature of Treasurer or Assistant Treasurer	ý — —
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure Pro	ponent
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Pro	POPEN FORM 460 (Januar FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275- State of Calif

NAME OF OFFICEHOLDER OR CANDIDATE Andrea Marr			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATI Sought : City Council Member	ON AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION	SUPPORT OPPOSE
City- City of Costa Mesa, Dist 3		3	•			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	DI CENTROS DE PRODUCTO NO NO NO NO DE CONTRA D	ZIP	Identify the controlling of	ficeholder ca	andidate or state measur	e proponent if an
180 Fairwinds	Costa Mesa CA 92626	-6586				о риорононе, и ан
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT	
Related Committees Not Include	d in this Statement	****				
not included in this statement that are con			OFFICE SOUGHT OR HELD		DISTRICT N	D. IF ANY
contributions or make expenditures on be		receive				
COMMITTEE NAME	I.D. NUMBER				***	
		-	Daire and Com	-1:1-t-10tf	achalder Committee	
NAME OF TREASURER	CONTROLLED COMMITTEE	7				
NAME OF TREASURER		7	. Primarily Formed Car officeholder(s) or candidate(			
	☐ YES ☐ NO	7		s) for which th		rmed.
		7	officeholder(s) or candidate(	s) for which th	is committee is primarily fo	support
COMMITTEE ADDRESS STREET ADDR	YES NO		officeholder(s) or candidate(	s) for which th	is committee is primarily fo	rmed.
COMMITTEE ADDRESS STREET ADDR	☐ YES ☐ NO		officeholder(s) or candidate(	S) for which the	is committee is primarily fo	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDR	YES NO		officeholder(s) or candidate(	S) for which the	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE  SUPPORT
COMMITTEE ADDRESS STREET ADDR	YES NO RESS (NO P.O. BOX)  TATE ZIP CODE AREA CODE/		officeholder(s) or candidate(	S) for which the	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDR	YES NO		officeholder(s) or candidate(	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDR	YES NO RESS (NO P.O. BOX)  TATE ZIP CODE AREA CODE/		officeholder(s) or candidate( NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS  CITY S  COMMITTEE NAME	TATE ZIP CODE AREA CODE/	PHONE	officeholder(s) or candidate( NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDR	YES NO RESS (NO P.O. BOX)  TATE ZIP CODE AREA CODE/	PHONE	officeholder(s) or candidate( NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS  CITY S  COMMITTEE NAME	TATE ZIP CODE AREA CODE/	PHONE	NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HELL  OFFICE SOUGHT OR HELL  OFFICE SOUGHT OR HELL	SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT
COMMITTEE ADDRESS STREET ADDRESS  CITY S  COMMITTEE NAME  NAME OF TREASURER	TATE ZIP CODE AREA CODE/	PHONE	NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HELL  OFFICE SOUGHT OR HELL  OFFICE SOUGHT OR HELL	SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS  CITY S  COMMITTEE NAME  NAME OF TREASURER	TATE ZIP CODE AREA CODE/	PHONE	NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HELL  OFFICE SOUGHT OR HELL  OFFICE SOUGHT OR HELL	SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT
COMMITTEE ADDRESS STREET ADDRESS  CITY S  COMMITTEE NAME  NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS	TATE ZIP CODE AREA CODE/	PHONE	NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HELL  OFFICE SOUGHT OR HELL  OFFICE SOUGHT OR HELL	SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT



## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

Stateme	ent covers period 01/01/2018		FORNIA ORM	460
through	06/30/2018	Page _	3	of31
		I.D. NU	JMBER 47	

NAME OF FILER Marr for City Council 2018 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 12583.00 1. Monetary Contributions ...... Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 596.25 196.25 2. Loans Received ...... Schedule B. Line 3 12779.25 20. Contributions 13179.25 Received 1504.00 1504.00 Nonmonetary Contributions ...... Schedule C. Line 3 21. Expenditures 14283.25 14683.25 Made TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ \_\_\_ **Expenditures Made Expenditure Limit Summary for State** 5642.31 6. Payments Made Schedule E. Line 4 \$ 5642.31 **Candidates** 0.00 0.00 7. Loans Made ..... Schedule H. Line 3 22. Cumulative Expenditures Made\* 5642.31 5642.31 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date (mm/dd/yy) 1504.00 1504.00 10. Nonmonetary Adjustment ...... Schedule C, Line 3 7146.31 7146.31 **Current Cash Statement** 8129.76 To calculate Column B, add 12779.25 amounts in Column A to the corresponding amounts \*Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 5642.31 15. Cash Payments ...... Column A. Line 8 above Column A may be negative 15266.70 figures that should be 16. ENDING CASH BALANCE ........ Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 0.00 18. Cash Equivalents ...... See instructions on reverse \$ 596.25 FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)



#### Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 01/01/2018 CALIFORNIA FORM 460

through .

SEE	INSTRI	JCTIONS	ΩN	REVER	SE
	INOTING	JULIONS	OIY	IXE VEI	COL

NAME OF FILER

Marr for City Council 2018

I.D. NUMBER 1397147

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/05/2018	Steven Acevedo 27122 Paseo Espada Ste 901 San Juan Capistrano, CA 92675		CEO Regatta	500.00	1000.00	1000.00 G 1
02/05/2018	Steven Acevedo 27122 Paseo Espada Ste 901 San Juan Capistrano, CA 92675	☑IND □COM □OTH □PTY □SCC	CEO Regatta	500.00	1000.00	1000.00 G 1
06/28/2018	Barbi Appelquist	☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Barbi Appelquist	100.00	100.00	100.00 G 1
06/28/2018	Tom Arnold	⊠IND □COM □OTH □PTY □SCC	Retired N/A	500.00	500.00	500.00 G 1
06/01/2018	Dennis Ashendorf	IND COM OTH PTY	Teacher Newport Mesa USD	20.00	110.00	110.00 G 1
			SUBTOTALS	1620.00		ALL PROPERTY OF THE PARTY OF TH

#### **Schedule A Summary**

- 2. Amount received this period unitemized monetary contributions of less than \$100 \_\_\_\_\_\$ \_\_\_\_\_\$

\*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

FPPC Form 460 (January/05)



### **Schedule A (Continuation Sheet)**

Type or print in ink.

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period 01/01/2018			california 460			
				through	06/30	/2018	Page _	5	of31	
IAME OF FILER							I.D. NUN	IBER		1
Marr for City	Council 2018						139714	17		
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUN RECEIVED		CUMULATIVE TO			ELECTION	-

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/31/2018	Dennis Ashendorf	XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher Newport Mesa USD	10.00	110.00	110.00 G 18
02/01/2018	Dennis Ashendorf	X IND  COM  OTH  PTY  SCC	Teacher Newport Mesa USD	20.00	110.00	110.00 G 18
05/01/2018	Dennis Ashendorf	IND COM OTH PTY	Teacher Newport Mesa USD	20.00	110.00	110.00 G 18
04/01/2018	Dennis Ashendorf	IND  COM  OTH  PTY  SCC	Teacher Newport Mesa USD	20.00	110.00	110.00 G 18
03/01/2018	Dennis Ashendorf	☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher Newport Mesa USD	20.00	110.00	110.00 G 18
			SUBTOTALS	90.00		

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Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

**FORM** 

Statement covers period

from

SUBTOTAL\$

600.00

01/01/2018

				through06/30	0/2018	Page	6 of 31
Marr for City	Council 2018					1,D. NUME 139714	
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
03/06/2018	William Ault	X IND   COM   OTH   PTY   SCC	Ship Handling Instructor LB&B	100.00	1	00.00	100.00 G 18
01/19/2018	Chris Blank	☑IND □COM □OTH □PTY □SCC	Attorney Christopher L. Blank	250.00	2	50.00	250.00 G 18
01/30/2018	Tom Bowen	IND COM OTH PTY	Manager ABM	100.00	1	00.00	100.00 G 18
06/26/2018	Paul Christman	X IND  COM  OTH  PTY  SCC	Analyst Sempra Energy	100.00	1	00.00	100.00 G 18
06/26/2018	Jim Conrath	XIND ☐ COM ☐ OTH ☐ PTY	Retired N/A	50.00	3	00.00	300.00 G 18

□scc

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SCC - Small Contributor Committee

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)



Type or print in ink.

Amounts may be rounded
to whole dollars

SCHEDULE A	(CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period 01/01/2018	FORM 460
	with the second second	through06/30/2018	Page7 of31
IAME OF FILER			I.D. NUMBER
Marr for City Council 2018			1397147

						-1
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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/23/2018	Jim Conrath	⊠IND □COM □OTH □PTY □SCC	Retired N/A	250.00	300.00	300.00 G 18
03/13/2018	Maria Dzida	⊠IND □COM □OTH □PTY □SCC	Info requested Info requested	100.00	100.00	100.00 G 18
06/30/2018	Eastside LLC 3334 E Coast Hwy Ste 418 Corona Del Mar, CA 92625-2328	□IND □COM ☑OTH □PTY □SCC	,	875.00	875.00	875.00 G 18
05/07/2018	Irene Engard	IND COM OTH PTY	Retired N/A	100.00	356.00	456.00 G 18
04/21/2018	Irene Engard	IND COM OTH PTY SCC	Retired N/A	57.00	356.00	456.00 G 18
SUBTOTAL \$ 1382.00						

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### **Schedule A (Continuation Sheet)**

Type or print in ink.

SCHEDULE A (CONT.)

Monetary Contributions Received	Amounts may be rounded to whole dollars.	Statement covers period 01/01/2018	CALIFORNIA 460
		through06/30/2018	Page8of31
NAME OF FILER  Marr for City Council 2018			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 DATE CALENDAR YEAR (JAN, 1 - DEC, 31)	PER ELECTION TO DATE (IF REQUIRED)
04/21/2018	Irene Engard	XIND ☐COM ☐OTH ☐PTY ☐SCC	Retired N/A	99.00	356.00	456.00 G 18
06/26/2018	Irene Engard		Retired N/A	100.00	356.00	456.00 G 18
03/13/2018	Foley for Mayor 2018 1600 Dove St Ste 101 Newport Beach, CA 92660 ID :1397432	□IND □COM □OTH □PTY □SCC	9	249.00	249.00	249.00 G 18
05/02/2018	Jean Forbath	IND COM OTH PTY	Retired N/A	100.00	100.00	100.00 G 18
05/31/2018	Full Moon Photography	□IND □COM ⊠OTH □PTY □SCC		100.00	100.00	100.00 G 18
			SUBTOTALS	\$ 648.00		

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SCC - Small Contributor Committee



Type or print in ink.

Amounts may be rounded

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Monetary Contributions Received	to whole dollars.	Statement covers period 61/01/2018 61/01/2018	FORM 460
		through06/30/2018	Page9 of31
NAME OF FILER			I.D. NUMBER
Marr for City Council 2018			1397147

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 DATE CALENDAR YEAR (JAN, 1 - DEC, 31)	PER ELECTION TO DATE (IF REQUIRED)
05/31/2018	Generation Change PAC 1787 Tribute Rd Ste K Sacramento, CA 95815 ID :1397743	□IND □COM □OTH □PTY □SCC		1000.00	1000.00	1000.00 G 18
01/03/2018	Nathan Gonzalez		Professor USAF	250.00	250.00	250.00 G 18
06/30/2018	Lucy Harney	IND COM OTH PTY	Retired N/A	100.00	100.00	100.00 G 18
06/30/2018	Susan Jerich	⊠IND □COM □OTH □PTY □SCC	Attorney Rains, Lucia, Stern	300.00	300.00	300.00 G 18
04/16/2018	Michael Kotick	⊠IND □COM □OTH □PTY □SCC	Unemployed N/A	250.00	250.00	350.00 G 18
			SUBTOTAL	1900.00		

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SCC - Small Contributor Committee

Direct File

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SCHEDULE A (CONT.)	SCH	IEDL	JLE	A (	CON	(.TJ
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	to whole dollars.	from01/01/2018	FORM 46U
		through06/30/2018	Page10of31
			1.D. NUMBER 1397147

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/13/2018	Andrea Marr	⊠IND □COM □OTH □PTY □SCC	Senior Program Manager / Candidate Willdan	1.00	197.25	597.25 G 1
06/06/2018	Gladis Marr	☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.00	100.00 G 1
06/30/2018	Zara Marselian	IND COM OTH PTY SCC	CEO La Maestra Community Health Centers	100.00	100.00	200.00 G 1
03/27/2018	Florence Martin	XIND COM OTH PTY SCC	Retired N/A	250.00	250.00	500.00 G 1
04/21/2018	William McCarty	X IND  COM  OTH  PTY  SCC	President Cobalt Productions	50.00	100.00	120.00 G 1
			SUBTOTALS	501.00		

\*Contributor Codes

IND - Individual

NAME OF FILER

Marr for City Council 2018

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(other than PTY or SCC)

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Amounts may be rounded to whole dollars

SCHEDULE A	(CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period 61/01/2018	CALIFORNIA 460	
		through06/30/2018	Page11 of31	
IAME OF FILER			I.D. NUMBER	1
Marr for City Council 2018			1397147	

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 DATE CALENDAR YEAR (JAN.: 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/13/2018	William McCarty	XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President Cobalt Productions	50.00	100.00	120.00 G 18
06/30/2018	Ed Ruth McKinney		Truck Driver ITS Logistics	100.00	100.00	100.00 G 18
06/24/2018	Charles Mooney	☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.00	100.00 G 18
03/13/2018	Mary Ann O'Connell	⊠IND □COM □OTH □PTY □SCC	Franchise Consultant O'Connell & Company, Inc	25.00	145.00	245.00 G 18
06/24/2018	Mary Ann O'Connell	XIND COM OTH PTY SCC	Franchise Consultant O'Connell & Company, Inc	100.00	145.00	245.00 G 18
			SUBTOTAL	375.00		

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Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

**CALIFORNIA** 

**FORM** 

Statement covers period

from\_

01/01/2018

NAME OF FILER Marr for City	Council 2018			through06/30		Page I.D. NUMI 139714	
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 I CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
04/21/2018	Mary Ann O'Connell	IND COM OTH PTY SCC	Franchise Consultant O'Connell & Company, Inc	20.00	14	5.00	245.00 G 18
04/25/2018	Oatman for Congress 525 E Seaside Way Ste 101-C Long Beach, CA 90802 ID :C00636969	□IND □COM □OTH □PTY □SCC		500.00	50	0.00	500.00 G 18
05/23/2018	Orange County Employees Assoiation PAC 1121 L Street Ste 200 Sacramento, CA 95814 ID :801447	□IND □COM □OTH □PTY □SCC		1000.00	100	0.00	1000.00 G 18
06/20/2018	Eva Orozco	IND □COM □OTH □PTY □SCC	Retired N/A	25.00	10	5.00	155.00 G 18
01/20/2018	Eva Orozco	XIND COM OTH PTY SCC	Retired N/A	10.00	10	5.00	155.00 G 18
			SUBTOTAL	\$ 1555.00			

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PTY - Political Party

SCC - Small Contributor Committee

Direct File

NAME OF FILER

Marr for City Council 2018

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CALIFORNIA	460
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SCHEDULE A (CONT.)

	from01/01/2018	FORM 460
	through06/30/2018	Page 13 of 31
-1-		I,D. NUMBER
		1397147

AMOUNT CUMULATIVE TO DATE PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR RECEIVED THIS CALENDAR YEAR **TO DATE** OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE \* RECEIVED (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) X IND 155.00 G 18 Eva Orozco Retired **□**COM 25.00 105.00 05/20/2018 N/A ПОTH □ PTY □SCC IND 155.00 G 18 Eva Orozco Retired ☐COM 25.00 105.00 04/20/2018 N/A □oтн ☐ PTY Scc X IND 155.00 G 18 Eva Orozco Retired СОМ 10.00 105.00 03/20/2018 N/A OTH □ PTY □scc 155.00 G 18 Eva Orozco XIND Retired ☐ COM 10.00 105.00 02/20/2018 N/A □ OTH □ PTY SCC 200.00 G 18 Irma Ramirez XIND Director, Special Events ☐ COM 100.00 100.00 Segerstrom Center for the 05/31/2018

Arts

□отн

PTY SCC

\*Contributor Codes

IND - Individual

Direct File

COM - Recipient Committee

(other than PTY or SCC) OTH - Other (e.g., business entity)

PTY - Political Party SCC - Small Contributor Committee

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

170.00

SUBTOTAL\$

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

**FORM** 

Statement covers period

425.00

SUBTOTAL\$

from.

01/01/2018

				through 06/30	)/2018	Page _	14 of 31
Marr for City	Council 2018					1,D. NUM	1
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
05/31/2018 Gary Reynolds		X IND   COM   OTH   PTY   SCC	Retired N/A	100.00	100.00		100.00 G 18
06/30/2018	Greg Ridge		Chef Chapters Capistrano	100.00	0.00 100.00		200.00 G 18
06/28/2018	Maritza Rivera	⊠IND □COM □OTH □PTY □SCC	Retired N/A	25.00	1:	25.00	125.00 G 18
04/21/2018	Maritza Rivera		Retired N/A	100.00	1:	25.00	125.00 G 18
06/27/2018	Ronald Robinson	⊠IND □COM □OTH □PTY □SCC	Tech USN	100.00	20	00.00	300.00 G 18

\*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



Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

500.00

SUBTOTAL\$

		to whole dollars.			1/2018	FOR	RM 460
				through06/30	0/2018	Page	15 of 31
NAME OF FILER Marr for City	Council 2018					1.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 YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
03/26/2018	Ronald Robinson	X IND  COM  OTH  PTY  SCC	Tech USN	100.00 200.0		00.00	300.00 G 1
06/30/2018	Samuel Salazar-Rey		Sales Tpx	100.00	10	00.00	350.00 G 18
06/30/2018	Julie Stromberg		Attorney Obagi Law Group, PC	100.00	10	00.00	100.00 G 18
02/13/2018	Sally Jane Super	XIND COM OTH PTY SCC	Property Manager Sally Jane Super	100.00	10	00.00	100.00 G 18
04/12/2018	Floyd Sylvester	⊠IND □COM □OTH □PTY	Dir, Employment Assistance Univ of Nebraska	100.00	10	00.00	350.00 G 18

Scc

\*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



Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from

SUBTOTAL\$

400.00

01/01/2018

				through06/30	0/2018	Page	16_ of31
NAME OF FILER Marr for City	Council 2018					1.D. NUM 139714	
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 CALENDAR \ (JAN, 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
06/30/2018	Mitchellene Sylvester	X IND   COM   OTH   PTY   SCC	Teacher Lincoln Public Schools	100.00	100.00		350.00 G 18
06/30/2018	Anais Tangie		CEO/Founder A. T. Connections	100.00	1	00.00	100.00 G 18
06/30/2018	Terry Welsh	IND COM OTH PTY SCC	Physician Pathoology Associates	100.00	1	00.00	100.00 G 18
05/05/2018	Maya Willey	IND □ COM □ OTH □ PTY □ SCC	Student University of Maryland	100.00	1	00.00	100.00 G 18
V-		□IND □COM □OTH □PTY					

□scc

\*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



S	ched	ule	B-	<b>Part</b>	1
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Type or print in ink.

Amounts may be rounded

Statement covers period

Loans Received		from01/0	01/2018	FORM 460				
SEE INSTRUCTIONS ON REVERSE					through06/3	30/2018	Page 17	of31
NAME OF FILER							I.D. NUMBER	
Marr for City Council 2018							1397147	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Andrea Marr	Senior Program Manager / Candidate Willdan			PAID  \$ FORGIVEN	\$ 400.00		\$ <u>400.00</u>	s 197.25 PER ELECTION**
<sup>†</sup> ⊠ IND □ COM □ OTH □ PTY □ SCC		\$400.00	\$0.00	\$	12/31/2018 DATE DUE	\$0.00	06/16/2017 DATE INCURRED	\$ <u>597.25 G</u> 18
Andrea Marr 180 Fairwinds Costa Mesa, CA 92626-6586	Senior Program Manager / Candidate Willdan			PAID  \$FORGIVEN	\$ <u>196.25</u>		s 196.25	s 197.25 PER ELECTION **
TIND COM OTH PTY SCC		\$0.00	\$196.25	\$	12/31/2018 DATE DUE	s0.00	02/01/2018 DATE INCURRED	s <u>597.25 G</u> 18
				PAID  \$ FORGIVEN	s	% RATE	\$	\$ PER ELECTION **
†   IND   COM   OTH   PTY   SCC		\$	\$	s	DATE DUE	\$	DATE INCURRED	5
		SUBTOTALS \$	196.25	\$ 0.0	0 \$ 596.25	\$ 0.00	THE PLANT	
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
	s of less than \$100.)			\$	196.25	CtC	contributor Codes	
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	) paid or forgiven.)			\$	0.00	IN CC	D – Individual DM – Recipient Co	PTY or SCC) business entity)
<ol> <li>Net change this period. (Subtract Line Enter the net here and on the Summar</li> </ol>				NET \$	196.25 May be a negative number)	sc	CC – Small Contrib	outor Committee

\*\* If required.

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

### Schedule C Nonmonetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 01/01/2018 CALIFORNIA 460 FORM Page 18 of 31 I.D. NUMBER 1397147

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Marr for City Council 2018 1397147 CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNT/ PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR DESCRIPTION OF DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET TODATE ZIP CODE OF CONTRIBUTOR CODE \* GOODS OR SERVICES CALENDAR YEAR RECEIVED (IF SELF-EMPLOYED, ENTER VALUE (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (JAN 1 - DEC 31) NAME OF BUSINESS) 300.00 G 18 Anne's Boutique Wines **□IND** Sommelier and 02/01/2018 270 E 17th St #14 ПСОМ Facility use for 300.00 300.00 X OTH Costa Mesa, CA 92627 fundraiser **PTY** □SCC Inspired Art Wine **□IND** 825.00 G 18 Staff for fundraiser 01/02/2018 1500 Adams Ave **□**COM 825.00 825.00 Ste 109 XIOTH. Costa Mesa, CA 92626-3866 □ PTY □SCC **TIND** 130.00 G 18 Modus Acupuncture Acupuncture 05/09/2018 170 E 17th St □ COM service gift card for 130.00 130.00 MTOIX Ste 211 raffle at fundraiser **TPTY** Costa Mesa, CA 92627-3701 □SCC The Straw 150.00 G 18 Staff used for 04/12/2018 1215 Baker St ПСОМ fundtaiser. 150.00 150.00 MOTH Ste A **□**PTY Costa Mesa, CA 92626-3901 □SCC

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$** 1405.00

#### Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.)

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 99.00

3. Total nonmonetary contributions received this period.

\*Contributor Codes

IND - Individual

1504.00

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee



### Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

CALIFORNIA 160
FORM 400
Page 19 of 31
I.D. NUMBER 1397147

SEE INSTRUCTIONS ON REVERSE	IONS ON REVERSE through					
NAME OF FILER					I.D.	NUMBER
Marr for City Council 2018					139	7147
CODES: If one of the following codes accurately describe			er the code. Oth			
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		appearance ses ating urvey researd very and mes		RFD returned co SAL campaign v TEL t.v. or cable TRC candidate tr TRS staff/spouse TSF transfer bet VOT voter regist	vorkers' salaries a airtime and production ravel, lodging, and meals a travel, lodging, and mo ween committees of the	s eals e same candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I,D, NUMBER)		CODE (	DR D	ESCRIPTION OF PAYMEN	т	AMOUNT PAID
Anne's Boutique Wines 270 E 17th St #14 Costa Mesa, CA 92627		FND				127.9
ARDA Campaigns 675 N Euclid St. #481 Anaheim, CA 92801		OFC				290.9
Democratic Party of Orange County 1916 West Chapman Ave, Ste B Orange, CA 92868 ID :742006		WEB				500.0
* Payments that are contributions or independent expenditures	must also be summa	rized on S	chedule D.		SUBTOT	AL\$ 918.8
Schedule E Summary						
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)					\$5523.98
2. Unitemized payments made this period of under \$100						\$118.33
3. Total interest paid this period on loans. (Enter amount from	n Schedule B, Part 1	, Column (	e).)			\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. I						5010.01



Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period 01/01/2018	FORM 460
SEE INSTRUCTIONS ON REVERSE		through06/30/2018	Page of 31
NAME OF FILER			I.D. NUMBER
Marr for City Council 2018			1397147

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs phone banks candidate filing/ballot fees candidate travel, lodging, and meals FII staff/spouse travel, lodging, and meals fundraising events polling and survey research TRS independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings information technology costs (internet, e-mail) LIT PRT print ads WEB NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Nicole Harding 1626 Ohms Way **CMP** 350.00 Costa Mesa, CA 92627 Mailing Pros Inc 5261 Business Dr LIT 130.00 Huntington Beach, CA 92649 McIntvre & Barcelona, LLC 1440 N Harbor Blvd., Suite 707 **PRO** 150.00 Fullerton, CA 92835 McIntyre & Barcelona, LLC 1440 N Harbor Blvd., Suite 707 **PRO** 150.00 Fullerton, CA 92835 McIntyre & Barcelona, LLC 1440 N Harbor Blvd., Suite 707 **PRO** 150.00 Fullerton, CA 92835

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

**SUBTOTAL \$** 



Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink

SCHEDULE E	(CONT.)
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Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period 01/01/2018	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through06/30/2018	Page 21 of 31
IAME OF FILER			I.D. NUMBER
Marr for City Council 2018			1397147

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants MTG meetings and appearances RFD returned contributions OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks POL polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor VOT voter registration LEG legal defense PRO professional services (legal, accounting) campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
McIntyre & Barcelona, LLC 1440 N Harbor Blvd., Suite 707 Fullerton, CA 92835	PRO		150.00
McIntyre & Barcelona, LLC 1440 N Harbor Blvd., Suite 707 Fullerton, CA 92835	WEB		170.00
McIntyre & Barcelona, LLC 1440 N Harbor Blvd., Suite 707 Fullerton, CA 92835	PRO		150.00
McIntyre & Barcelona, LLC 1440 N Harbor Blvd., Suite 707 Fullerton, CA 92835	PRO		150.00
Navy Federal Credit Union P. O. Box 3500 Merrifield, VA 22119-3500	OFC	Credit Payment	94.35
* Payments that are contributions or independent expenditures must also be s	ummarized on Schedule D.	S	UBTOTAL \$ 714.35



Schedule E
(Continuation Sheet)
Payments Made

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)\*

CNS campaign consultants

CVC civic donations

Type or print in ink.

Amounts may be rounded to whole dollars.

MBR member communications

petition circulating

OFC office expenses

MTG meetings and appearances

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

PET

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

SCHEDULE E (CONT.)

Statement covers period
from 01/01/2018

CALIFORNIA 460
FORM 22 of 31

RAD radio airtime and production costs

TEL t.v. or cable airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

Payments Made	from	
SEE INSTRUCTIONS ON REVERSE	through06/30/2018	Page 22 of 31
NAME OF FILER		I.D. NUMBER
Marr for City Council 2018		1397147

TRC candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks FIL TRS staff/spouse travel, lodging, and meals polling and survey research fundraising events postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)\* professional services (legal, accounting) VOT voter registration legal defense campaign literature and mailings WEB information technology costs (internet, e-mail) PRT print ads LIT NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Navy Federal Credit Union P. O. Box 3500 **OFC** 163.94 Merrifield, VA 22119-3500 Navy Federal Credit Union Credit Payment P. O. Box 3500 **OFC** 33 32 Merrifield, VA 22119-3500 Navy Federal Credit Union Credit Payment P. O. Box 3500 **OFC** 59.86 Merrifield, VA 22119-3500 OPro. LLC c/o Elizabeth Haynes CNS 1500.00 300 W. 23rd Street #10N New York, NY 10011 OPro, LLC c/o Elizabeth Haynes WEB 1000.00 300 W. 23rd Street #10N New York, NY 10011



FPPC Form 460 (January/05)

2757.12

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SUBTOTAL \$

	-		-		
SIL	$\vdash$	11 -		(COI	SI I

### Schedule E (Continuation Sheet) **Payments Made**

CMP campaign paraphernalia/misc.

CNS campaign consultants

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

MBR member communications

meetings and appearances

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

		CONLEGEL E (CONT.)
Staten	nent covers period	CALIFORNIA ACO
from	01/01/2018	FORM 400
through_	06/30/2018	Page23of31
		I.D. NUMBER

radio airtime and production costs

returned contributions

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Marr for City Council 2018 1397147

CTB contribution (explain nonmonetary)\* office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks candidate travel, lodging, and meals FND fundraising events polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR AMOUNT PAID DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Stripe 185 Berry St, Suite 550 **WEB** 3.20 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 **WFB** 1.03 San Francisco, CA 94107 Stripe 185 Berry St. Suite 550 **WFB** 0.88 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 **WEB** 0.59 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 **WEB** 10.75 San Francisco, CA 94107 **SUBTOTAL \$** 



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

### Schedule E (Continuation Sheet) Payments Made

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)\*

CNS campaign consultants

CVC civic donations

Type or print in ink.

Amounts may be rounded to whole dollars.

MBR member communications

petition circulating

OFC office expenses

MTG meetings and appearances

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

PET

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

Statement covers period from 01/01/2018 CALIFORNIA FORM 460 FORM 460 Page 24 of 31

RAD radio airtime and production costs

TEL t.v. or cable airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

Payments Made	from	
SEE INSTRUCTIONS ON REVERSE	through06/30/2018	Page 24 of 31
NAME OF FILER		I.D. NUMBER
Marr for City Council 2018		1397147

candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FIL fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals FND POL postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads LIT 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 **WEB** 1.91 San Francisco, CA 94107 Stripe 185 Berry St. Suite 550 WEB 3.20 San Francisco, CA 94107 Stripe 185 Berry St. Suite 550 **WEB** 1.75 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 WFB 1.03 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 WEB 3.20 San Francisco, CA 94107



11.09

**SUBTOTAL \$** 

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE E (CONT.)
Staten	nent covers period	CALIFORNIA ACO
from	01/01/2018	FORM 40U
through_	06/30/2018	Page25 31

Payments Made	from	
SEE INSTRUCTIONS ON REVERSE	through06/30/2018 Page25 of31	
NAME OF FILER	I.D. NUMBER	
Marr for City Council 2018	1397147	
		_

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* OFC office expenses TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FIL staff/spouse travel, lodging, and meals TRS FND fundraising events polling and survey research IND independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor **LEG** legal defense professional services (legal, accounting) VOT voter registration WEB information technology costs (internet, e-mail) campaign literature and mailings print ads NAME AND ADDRESS OF PAYEE OR DESCRIPTION OF PAYMENT AMOUNT PAID CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Stripe 185 Berry St, Suite 550 3.20 **WEB** San Francisco, CA 94107

Sail Fallesco, OA 34 107		
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB	0.88
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB	7.55
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB	1.03
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB	3.20

 $<sup>^\</sup>star$  Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 



# Schedule F

SCHEDULE E (CONT.)

(Continuation Sheet)	Type or print in ink.  Amounts may be rounded	Statement covers period	CALIFORNIA ACO
Payments Made	to whole dollars.	from01/01/2018	FORM 460
SEE INSTRUCTIONS ON REVERSE		through06/30/2018	Page26of31
IAME OF FILER			I.D. NUMBER
Marr for City Council 2018			1397147

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries petition circulating TEL t.v. or cable airtime and production costs CVC civic donations PET candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals FND fundraising events polling and survey research TRS independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR AMOUNT PAID DESCRIPTION OF PAYMENT Stripe 185 Berry St, Suite 550 **WEB** 14.80 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 **WEB** 0.88 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 **WEB** 1.47 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 **WEB** 0.45 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 **WEB** 1.03 San Francisco, CA 94107

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

**SUBTOTAL \$** 



Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

Marr for City Council 2018

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)
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Statem	ent covers period	CALIF	ORNI	A	160
from	01/01/2018	The second second	RM	ľ	tou
through_	06/30/2018	Page_	27	_ of _	31
		1.D. NUM			

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees phone banks candidate travel, lodging, and meals PHO FIL staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor professional services (legal, accounting) LEG legal defense VOT voter registration campaign literature and mailings PRT WEB information technology costs (internet, e-mail) print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	CODE OR DESCRIPTION OF PAYM	ENT AMOUNT PAID
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB	3.20
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB	3.20
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB	5.98
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB	1.03
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB	5.98

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

SUBTOTAL \$

19 39



### Schedule E (Continuation Sheet) Payments Made

CMP campaign paraphernalia/misc.

Type or print in ink.

Amounts may be rounded to whole dollars.

MBR member communications

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

		SCHEDU	LE E (CONT.)
State	ment covers period	CALIFORNIA	460
rom	01/01/2018	FORM	400

RAD radio airtime and production costs

from	
through06/30/2018 Page28 of3	31
I.D. NUMBER	
1397147	
	through 06/30/2018 Page 28 of 3

CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees phone banks candidate travel, lodging, and meals FND fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services transfer between committees of the same candidate/sponsor legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings WEB information technology costs (internet, e-mail) print ads NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Stripe 185 Berry St, Suite 550 **WEB** 12.27 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 **WEB** 4.95 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 **WEB** 4.23 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 **WEB** 27.35 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 **WEB** 7.55 San Francisco, CA 94107

Direct File

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

FPPC Form 460 (January/05)

56.35

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**SUBTOTAL \$** 

Schedule E	
(Continuation S	Sheet)
Dayments Made	Δ .

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SCHED	ULE E	(CONT.)
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– Page <u>29</u> of <u>31</u>
I.D. NUMBER
1397147

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants MTG meetings and appearances RFD returned contributions SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* OFC office expenses CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals phone banks FIL candidate filing/ballot fees PHO FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor IND VOT voter registration LEG legal defense PRO professional services (legal, accounting) WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads

CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
WEB	2.63
WEB	0.88
WEB	3.17
WEB	2.93
WEB	7.55
	WEB WEB WEB

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

**SUBTOTAL \$** 



### Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statem	ent covers period	CALIFORNIA 160
from	01/01/2018	FORM 400
through_	06/30/2018	Page 30 of 31
		I.D. NUMBER 1397147

Marr for City Council 2018 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs MTG meetings and appearances returned contributions CNS campaign consultants CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries petition circulating TEL t.v. or cable airtime and production costs CVC civic donations PET PHO phone banks candidate travel, lodging, and meals candidate filing/ballot fees FIL staff/spouse travel, lodging, and meals polling and survey research FND fundraising events TRS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)\* professional services (legal, accounting) VOT voter registration legal defense PRO

T campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB		0.59
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB		0.59
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB		0.45
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB		1.33
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107	WEB		3.20
*	- Octobrio D	CI	IDTOTAL \$ C.4C

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

SUBTOTAL \$



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SCHEDI	лг	LUUNI

### Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

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Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA 160			
from	01/01/2018	FO		^ Z	160
through_	06/30/2018	Page _	31	_ of _	31
		I.D. NUM			

NAME OF FILER Marr for City Council 2018 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications MTG meetings and appearances RFD returned contributions CNS campaign consultants OFC office expenses CTB contribution (explain nonmonetary)\* SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

LIT campaign literature and mailings PRT print ads VEB information technology costs (internet, e-mail)

	TTO PINIC GGO			TIED WHOTHERD TOOMS OF	,,,,
NAME AN (IF COMMITT	ND ADDRESS OF PAYEE EE, ALSO ENTER I.D., NUMBER)	CODE	C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB			30.77
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB			1.03
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB			7.55
Stripe 185 Berry St, Suite 550 San Francisco, CA 94107		WEB			3.20

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

**SUBTOTAL \$** 

