| D | ecipient Committee | | 1 | | COVER PAGE |
|----|--|---|--|--|---|
| C | ampaign Statement over Page overnment Code Sections 84200-84216.5) | Type or print in | ink. | Pate Stamp RECEIVED CITY CLER | CALIFORNIA 460 2001/02 FORM |
| ,- | • | Statement covers period 61/01/2018 | Date of election if applicable: (Month, Day, Year) | 19 JAN 30 AM 9 | Page 1 of 32 |
| SE | EINSTRUCTIONS ON REVERSE | through06/30/2018 | | CITY OF COSTA MESA | |
| 1. | Type of Recipient Committee: All Committees - Col | mplete Parts 1, 2, 3, and 4. | 2. Type of Statement: | | |
| | ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) ○ General Purpose Committee ○ Sponsored ○ Small Contributor Committee | rimarily Formed Ballot Measure ommittee) Controlled) Sponsored lso Complete Part 6) rimarily Formed Candidate/ fficeholder Committee lso Complete Part 7) | ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 To ☐ Amendment (Explain b Add missing Donation | Special Supplem Stateme selow) | ly Statement Odd-Year Report nental Preelection ent - Attach Form 495 |
| 3. | Committee Information | . NUMBER 397147 | Treasurer(s) | , | |
| | COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Marr for City Council 2018 | 33/ 14/ | NAME OF TREASURER Tammi McIntyre MAILING ADDRESS 1440 N Harbor Blvd Ste | ÷ 707 | 7 202 10 4 |
| | STREET ADDRESS (NO P.O. BOX) | | CITY | STATE ZIP CODE | AREA CODE/PHONE |
| | 1440 N Harbor Blvd Ste 707 | 1051 0005/01/01/5 | Fullerton NAME OF ASSISTANT TREASUR | CA 92835-4 | 949-697-7532 |
| | Fullerton STATE ZIP CO | | Joanna Barcelona | RER, IF ANY | |
| | MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO | ox | MAILING ADDRESS 1440 N Harbor Blvd Sui | ite 707 | = 1 % |
| | CITY STATE ZIP CO | DE AREA CODE/PHONE | CITY | STATE ZIP CODE | |
| | OPTIONAL: FAX / E-MAIL ADDRESS | | Fullerton OPTIONAL: FAX / E-MAIL ADDR | CA 92835-4 | 714-745-5281 |
| | (949) 271-4896 t-mac-consulting@pacbell.net | | OF HOMAE. TAX I E-MAIL ADDI | COO . | |
| 4. | Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on | that the foregoing is true and correct. ByTammi_McIn | tyre signature of Treasurer or Assistant | | is true and complete. I certify |
| | Date 01/24/2019 | By Andrea Mari Signature of Cor | r ntrolling Officeholder, Candidate, State Measure Pro | ponent or Responsible Officer of Sponsor | _ |
| | Executed onDate | Ву | Signature of Controlling Officeholder, Candidate, Si | tate Measure Proponent | |
| | Executed onDate | Ву | Signature of Controlling Officeholder, Candidate, Si | tate Measure Proponent | FPPC Form 460 (January/05) |
| | Pirect File | | | FPPC Toll-Free Helpli | ne: 866/ASK-FPPC (866/275-3772) State of California |

| | COVER | PAG | E-PART2 |
|--------|---------------|-----|---------|
| | FORNIA DRM | 4 | 160 |
| Page _ | 2 | of | 32 |

| Officeholder or Candidate Controlled Commi | tee | 6. | Primarily Formed Ballot | Measure Co | ommittee | |
|--|---------------------------------|----|---|-------------------|-----------------------|---------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE Andrea Marr | | | NAME OF BALLOT MEASURE | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT Sought: City Council Member | NUMBER IF APPLICABLE) | | BALLOT NO. OR LETTER | JURISDICTION | | SUPPORT OPPOSE |
| City- City of Costa Mesa, Dist 3 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT 180 Fairwinds Costa Me | Y STATE ZIP | | Identify the controlling office | eholder, candi | date, or state measur | e proponent, if any |
| 100 Fall Winds Costa Win | esa CA 92020-0500 | | NAME OF OFFICEHOLDER, CAND | | • | |
| Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand | are primarily formed to receive | | OFFICE SOUGHT OR HELD | / */ / | DISTRICT NO | D. IF ANY |
| COMMITTEE NAME | I.D. NUMBER | | ··· | | | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | 7. | Primarily Formed Cand officeholder(s) or candidate(s) | | | |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO | Κ) | | NAME OF OFFICEHOLDER OR CA | ANDIDATE | OFFICE SOUGHT OR HELI | SUPPORT OPPOSE |
| CITY STATE ZIP CO | DE AREA CODE/PHONE | | NAME OF OFFICEHOLDER OR CA | ANDIDATE C | OFFICE SOUGHT OR HELL | SUPPORT OPPOSE |
| COMMITTEE NAME | I.D. NUMBER | | NAME OF OFFICEHOLDER OR CA | NDIDATE C | OFFICE SOUGHT OR HELD | SUPPORT OPPOSE |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | | NAME OF OFFICEHOLDER OR CA | NDIDATE C | OFFICE SOUGHT OR HELD | SUPPORT OPPOSE |
| CITY STATE ZIP CO | | | | | | |
| SIME ZIF CC | DE AREA GODE/FRONE | | Attach | continuation | sheets if necessary | |



Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

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 12912.99 12912.99 1. Monetary Contributions Schedule A, Line 3 \$ _ 1/1 through 6/30 7/1 to Date 596.25 196.25 20. Contributions 13109.24 13509.24 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 15013.24 s 0.00 Received 1504.00 1504.00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 7146.31 s 0.00 Made 15013.24 14613.24 **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 \$ 5642.31 Candidates 5642.31 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 13109.24 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. 5642.31 report. Some amounts in Column A may be negative 15596.69 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 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). 0.00 596.25 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 460

| | and the second s | | The second secon | | | |
|------------------|--|--|--|-----------------------------------|---|--|
| 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) |
| 02/05/2018 | Steven Acevedo | | CEO Regatta | 500.00 | 1000.00 | 1000.00 G 1 |
| 02/05/2018 | Steven Acevedo | ☐ COM ☐ OTH ☐ PTY ☐ SCC | CEO Regatta | 500.00 | 1000.00 | 1000.00 G 1 |
| 06/28/2018 | Barbi Appelquist | | Attorney Barbi Appelquist | 100.00 | 100.00 | 100.00 G 1 |
| 06/28/2018 | Tom Arnold | MIND □COM □OTH □PTY □SCC | Retired N/A | 500.00 | 500.00 | 500.00 G 1 |
| 04/01/2018 | Dennis Ashendorf | XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Teacher Newport Mesa USD | 20.00 | 110.00 | 110.00 G 1 |
| | | | SUBTOTAL\$ | 1620.00 | | |

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



Type or print in ink.

Amounts may be rounded to whole dollars.

| SCHEDULE A | (CONT.) |
|------------|---------|
|------------|---------|

CALIFORNIA 460

Statement covers period

| - | | to whole | dollars. | from01/01 | 1/2018 | FOI | |
|-----------------------------|--|--|--|-----------------------------------|--|---------------------|--|
| | | | | through06/30 | 0/2018 | Page | 5 of 32 |
| NAME OF FILER Marr for City | Council 2018 | | | | | 1.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 CALENDAR Y (JAN. 1 - DEC | EAR | PER ELECTION TO DATE (IF REQUIRED) |
| 03/01/2018 | Dennis Ashendorf | IND COM OTH PTY | Teacher Newport Mesa USD | 20.00 | 1 | 10.00 | 110.00 G 18 |
| 05/31/2018 | Dennis Ashendorf | IND COM OTH PTY SCC | Teacher Newport Mesa USD | 10.00 | 1 | 10.00 | 110.00 G 18 |
| 06/01/2018 | Dennis Ashendorf | IND COM OTH PTY | Teacher Newport Mesa USD | 20.00 | 1 | 10.00 | 110.00 G 18 |
| 02/01/2018 | Dennis Ashendorf | XIND COM OTH PTY | Teacher Newport Mesa USD | 20.00 | 1 | 10.00 | 110.00 G 18 |
| 05/01/2018 | Dennis Ashendorf | XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Teacher Newport Mesa USD | 20.00 | 1 | 10.00 | 110.00 G 18 |
| | | 2 | SUBTOTAL | 90.00 | | | |

*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. |
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CALIFORNIA

Statement covers period

01/01/2018

| | | | | from | 1/2016 | FORM | 1 400 |
|------------------|--|----------------------------------|--|-----------------------------------|---|------------------------|--|
| | | | | through 06/30 | 0/2018 | Page 6 | of32 |
| Marr for City | Council 2018 | | | | | I.D. NUMBER 1397147 | 3 |
| 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 | AR | PER ELECTION TO DATE (IF REQUIRED) |
| 03/06/2018 | William Ault | IND COM OTH PTY | Ship Handling Instructor LB&B | 100.00 | 100 | 0.00 | 100.00 G 18 |
| 01/19/2018 | Chris Blank | | Attorney Christopher L. Blank | 250.00 | 250 | 0.00 | 250.00 G 18 |
| 01/30/2018 | Tom Bowen | IND ☐COM ☐OTH ☐PTY ☐SCC | Manager ABM | 100.00 | 100 | 0.00 | 100.00 G 18 |
| 06/26/2018 | Paul Christman | IND COM OTH PTY | Analyst Sempra Energy | 100.00 | 100 | 0.00 | 100.00 G 18 |
| 02/23/2018 | Jim Conrath | XIND COM OTH PTY SCC | Retired N/A | 250.00 | 300 | 0.00 | 300.00 G 18 |
| | | | SUBTOTAL | 800.00 | | | |

*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

| SCHEDULE A | (CONT.) |
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| | |

Statement covers period

| monotar y | | to whole | dollars. | from01/01 | /2018 | FORM | ⁴⁶⁰ |
|-----------------------------|--|---|--|-----------------------------------|--|------------------------|---|
| | | | | through06/30 | 0/2018 | Page 7 | of32 |
| NAME OF FILER Marr for City | Council 2018 | | | | | 1.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 CALENDAR Y (JAN. 1 - DEC | EAR | PER ELECTION TO DATE IF REQUIRED) |
| 06/26/2018 | Jim Conrath | X IND COM OTH PTY SCC | Retired N/A | 50.00 | 30 | 00.00 | 300.00 G 18 |
| 03/13/2018 | Maria Dzida | ☑IND □COM □OTH □PTY □SCC | Info requested Info requested | 100.00 | 10 | 00.00 | 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 | 8 | 75.00 | 875.00 G 18 |
| 04/21/2018 | Irene Engard | XIND COM OTH PTY SCC | Retired N/A | 99.00 | 3 | 56.00 | 456.00 G 18 |
| 04/21/2018 | Irene Engard | XIND □COM □OTH □PTY □SCC | Retired N/A | 57.00 | 3: | 56.00 | 456.00 G 18 |
| | | | SUBTOTAL | 1181.00 | | | |

*Contributor Codes

IND - Individual

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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 | T | 1 | • | ľ | ı | į | ı | | | ١ | ١ | | | ı | ı | | | | ١ | | ١ | ١ | | ۰ | | | ٠ | | | • | ٠ | | | | | | Ì | | | | | ۱ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------|---|---|---|---|---|---|---|--|--|---|---|--|--|---|---|--|--|--|---|--|---|---|--|---|--|--|---|--|--|---|---|--|--|--|--|--|---|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|------------------|---|---|---|---|---|---|---|--|--|---|---|--|--|---|---|--|--|--|---|--|---|---|--|---|--|--|---|--|--|---|---|--|--|--|--|--|---|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

CALIFORNIA 460

Statement covers period

01/01/2018

| | | | | from | 1/2016 | FORM | 1 700 |
|------------------|--|---|--|-----------------------------------|--|------------------------|--|
| | | | | through06/30 | 0/2018 | Page 8 | of32 |
| Marr for City | Council 2018 | | | | | I.D. NUMBER 1397147 | 3 |
| 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 YE (JAN. 1 - DEC. | AR | PER ELECTION TO DATE (IF REQUIRED) |
| 06/26/2018 | Irene Engard | IND COM OTH PTY | Retired N/A | 100.00 | 35 | 6.00 | 456.00 G 18 |
| 05/07/2018 | Irene Engard | IND ☐COM ☐OTH ☐PTY ☐SCC | Retired N/A | 100.00 | 35 | 6.00 | 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 | | 249.00 | 24 | 9.00 | 249.00 G 18 |
| 05/02/2018 | Jean Forbath | X IND COM OTH PTY SCC | Retired N/A | 100.00 | 10 | 0.00 | 100.00 G 18 |
| 05/31/2018 | Full Moon Photography 1815 Kinglet Ct Costa Mesa, CA 92626 | ☐IND ☐COM IXOTH ☐PTY ☐SCC | | 100.00 | 10 | 0.00 | 100.00 G 18 |
| | | | SUBTOTAL | 649.00 | | | |

*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 (CC |
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| Monetary | Contributions Received | Amounts may be rounded to whole dollars. | | Statement covers period 61/01/2018 | | CALIFORNIA 460 | | | |
|-----------------------------|--|--|--|---------------------------------------|---|-------------------|---------------|--|--|
| | | | | through06/30 | 0/2018 | Page _ | 9 of32 | | |
| NAME OF FILER Marr for City | Council 2018 | | | | | 1.D. NUI 13971 | | | |
| 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) | | CALENDAR YEAR | | PER ELECTION TO DATE (IF REQUIRED) |
| 05/31/2018 | Generation Change PAC 1787 Tribute Rd Ste K Sacramento, CA 95815 ID :1397743 | ☐IND IX COM ☐OTH ☐ PTY ☐ SCC | | 1000.00 | 1000.00 | | 1000.00 | | 1000.00 G 18 |
| 01/03/2018 | Nathan Gonzalez | IND COM OTH PTY SCC | Professor USAF | 250.00 | 250.00 | | 250.00 | | 250.00 G 18 |
| 06/30/2018 | Lucy Harney | X IND COM OTH PTY SCC | Retired N/A | 100.00 | 10 | 00.00 | 100.00 G 18 | | |
| 06/30/2018 | Susan Jerich | IND COM OTH PTY | Attorney Rains, Lucia, Stern | 300.00 | 30 | 00.00 | 300.00 G 18 | | |
| 04/16/2018 | Michael Kotick | | Unemployed N/A | 250.00 | 25 | 50.00 | 350.00 G 18 | | |
| | | | SUBTOTAL | 1900.00 | | | W. Carlotte | | |

*Contributor Codes

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(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 ACO

Statement covers period

| | | | | | from01/01/2018 | | | 400 | | | | |
|------------------|--|---|--|-----------------------------------|--|-------------------|--------|----------------------------|--------|--|---|-------------|
| | | | | through06/30 | 0/2018 | | 10 of | 32 | | | | |
| Marr for City | Council 2018 | | | | * | 1.D. NUN 13971 | | | | | | |
| 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 | то | LECTION DATE QUIRED) | | | | |
| 03/13/2018 | Andrea Marr 180 Fairwinds Costa Mesa, CA 92626-6586 | XIND COM OTH PTY SCC | Senior Program Manager / Candidate Willdan | 1.00 | 197.25 | | 197.25 | | 197.25 | | ţ | 597.25 G 18 |
| 06/06/2018 | Gladis Marr | IND COM OTH PTY SCC | Retired N/A | 100.00 | 10 | 00.00 | 1 | 100.00 G 18 | | | | |
| 06/30/2018 | Zara Marselian | X IND COM OTH PTY SCC | CEO La Maestra Community Health Centers | 100.00 | 10 | 00.00 | 2 | 200.00 G 18 | | | | |
| 03/27/2018 | Florence Martin | XIND COM OTH PTY | Retired N/A | 250.00 | 2! | 50.00 | 5 | 500.00 G 18 | | | | |
| 04/21/2018 | William McCarty | XIND □COM □OTH □PTY □SCC | President Cobalt Productions | 50.00 | 10 | 00.00 | 1 | 20.00 G 18 | | | | |
| | | | SUBTOTAL | 501.00 | | | | | | | | |

*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.

Statement covers period

| Monetary Contributions Received | | Amounts may be rounded to whole dollars. | | Statement covers period 01/01/2018 06/30/2018 | | CALIFORNIA FORM 460 | | | | | |
|---------------------------------|--|--|--|---|---|---------------------|---------------|--|--|--|-------------|
| 1 | | | | through | | , | 01 | | | | |
| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | | CALENDAR YEAR | | PER ELECTION TO DATE (IF REQUIRED) | | |
| 03/13/2018 | William McCarty | X IND COM OTH PTY SCC | President Cobalt Productions | 50.00 | 100.00 | | 100.00 | | 100.00 | | 120.00 G 18 |
| 06/30/2018 | Ed Ruth McKinney | | Truck Driver ITS Logistics | 100.00 | 100.00 | | 100.00 | | 100.00 G 18 | | |
| 06/24/2018 | Charles Mooney | IND COM OTH PTY | Retired N/A | 100.00 | 100.00 | | 100.00 G 18 | | | | |
| 04/21/2018 | Mary Ann O'Connell | IND COM OTH PTY | Franchise Consultant O'Connell & Company, Inc | 20.00 | 1- | 45.00 | 245.00 G 18 | | | | |
| 03/13/2018 | Mary Ann O'Connell | IND COM OTH PTY | Franchise Consultant O'Connell & Company, Inc | 25.00 | 14 | 45.00 | 245.00 G 18 | | | | |
| 99 | | | SUBTOTAL | 295.00 | | | | | | | |

*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 SCHEDULE A (CONT.)

| Monetary Contributions Received | | Amounts may to whole | | Statement cov | ers period 1/2018 | CALIFORNIA 460 | | | | | |
|---------------------------------|--|---------------------------------------|--|-----------------------------------|--|-------------------|--|--|-------------|--|-------------|
| | | | | through06/30 | 0/2018 | Page _ | 12 of 32 | | | | |
| Marr for City | Council 2018 | | | | | 1.D. NUI 13971 | | | | | |
| 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) | | | | |
| 06/24/2018 | Mary Ann O'Connell | X IND COM OTH PTY SCC | Franchise Consultant O'Connell & Company, Inc | 100.00 | 145.00 | |) 145.0 | | 145. | | 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 | 500.00 | | 500.00 | | 500.00 G 18 | | |
| 05/23/2018 | Orange County Employees Assoiation PAC 1121 L Street Ste 200 Sacramento, CA 95814 ID :801447 | □IND XCOM □OTH □PTY □SCC | | 1000.00 | 10 | 00.00 | 1000.00 G 18 | | | | |
| 01/20/2018 | Eva Orozco | XIND COM OTH PTY | Retired N/A | 10.00 | 105.00 | | 105.00 | | 155.00 G 18 | | |
| 03/20/2018 | Eva Orozco | X IND COM OTH PTY SCC | Retired N/A | 10.00 | 1 | 05.00 | 155.00 G 18 | | | | |
| | | | SUBTOTAL | \$ 1620.00 | and a second | | | | | | |

*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 (CO |
|----------------|
|----------------|

Statement covers period

| Monetary Contributions Received | | Amounts may be rounded to whole dollars. | | Statement covers period 01/01/2018 from | | CALIFORNIA 460 | | | | | |
|---------------------------------|--|--|--|---|---|----------------|--|--|-------------|--|-------------|
| | | | | through06/30 |)/2018 | Page _ | 13 of 32 | | | | |
| NAME OF FILER Marr for City | Council 2018 | | | | | 1.D. NU | | | | | |
| 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) | | | | |
| 06/20/2018 | Eva Orozco | IXIND COM OTH PTY SCC | Retired N/A | 25.00 | 105.00 | | 105.00 | | 105.00 | | 155.00 G 18 |
| 02/20/2018 | Eva Orozco | | Retired N/A | 10.00 | 105.00 | | 105.00 | | 155.00 G 18 | | |
| 04/20/2018 | Eva Orozco | XIND ☐COM ☐OTH ☐PTY ☐SCC | Retired N/A | 25.00 | 105.00 | | 155.00 G 18 | | | | |
| 05/20/2018 | Eva Orozco | XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Retired N/A | 25.00 | 105.00 | | 155.00 G 18 | | | | |
| 05/31/2018 | Irma Ramirez | ⊠IND □COM □OTH □PTY □SCC | Director, Special Events Segerstrom Center for the Arts | 100.00 | 10 | 00.00 | 200.00 G 18 | | | | |
| | | | SUBTOTAL | 185.00 | | | | | | | |

*Contributor Codes

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(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 ACO

Statement covers period

| | | to whole dollars. | | | 1/2018 | FORM 400 | | | | |
|------------------|--|---|--|-----------------------------------|--|---------------------|----------|---------------------------|---|------------|
| St. | | | | through06/30 | 0/2018 | Page | 14 of | 32 | | |
| Marr for City | Council 2018 | | | | | I.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 YE (JAN. 1 - DEC. | AR | TO | ECTION DATE QUIRED) | | |
| 05/31/2018 | Gary Reynolds | X IND COM OTH PTY SCC | Retired N/A | 100.00 | 100.00 | | 0 100.00 | | 1 | 00.00 G 18 |
| 06/30/2018 | Greg Ridge | XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Chef Chapters Capistrano | 100.00 | 0 100.00 | | 0 100.00 | | 2 | 00.00 G 18 |
| 04/21/2018 | Maritza Rivera | X IND COM OTH PTY SCC | Retired N/A | 100.00 | 125.00 | | 1 | 25.00 G 18 | | |
| 06/28/2018 | Maritza Rivera | XIND COM OTH PTY | Retired N/A | 25.00 | 125.00 | | 1 | 25.00 G 18 | | |
| 06/27/2018 | Ronald Robinson | XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Tech USN | 100.00 | 20 | 0.00 | 3 | 00.00 G 18 | | |
| | | | SUBTOTAL | \$ 425.00 | | | | | | |

*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

| SCHEDULE A (CC |
|----------------|
|----------------|

Statement covers period

| Monetary | Contributions Received Amounts may be rounded to whole dollars. Statement covers to whole dollars. | | • | CALIFO FO | | | | | | | |
|-----------------------------|--|--|--|-----------------------------------|---|---------------------|---------------|--|--|--|-------------|
| | | | | through06/30 | 0/2018 | Page | 15 of 32 | | | | |
| NAME OF FILER Marr for City | Council 2018 | Ť | | | | 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | | CALENDAR YEAR | | PER ELECTION TO DATE (IF REQUIRED) | | |
| 03/26/2018 | Ronald Robinson | IND □ COM □ OTH □ PTY □ SCC | Tech USN | 100.00 | 200.00 | | 200.00 | | 200.00 | | 300.00 G 18 |
| 05/31/2018 | Dianne Russell | XIND □COM □OTH □PTY □SCC | Social Services Director Western Community Housing | 25.00 | 110.00 | | 110.00 | | 180.00 G 18 | | |
| 03/13/2018 | Dianne Russell | IND COM OTH PTY SCC | Social Services Director Western Community Housing | 35.00 | 1 | 10.00 | 180.00 G 18 | | | | |
| 01/23/2018 | Dianne Russell | XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Social Services Director Western Community Housing | 50.00 | 1 | 10.00 | 180.00 G 18 | | | | |
| 06/30/2018 | Samuel Salazar-Rey | ⊠IND □COM □OTH □PTY □SCC | Sales Tpx | 100.00 | 1 | 00.00 | 350.00 G 18 | | | | |
| | | | SUBTOTAL | 310.00 | | | | | | | |

*Contributor Codes

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(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

SCHEDULE A (CONT.)

CALIFORNIA 400

Statement covers period

| • | to whole dollars. | | | from01/01 | /2018 | FORM 460 | | | |
|-----------------------------|---|---------------------------------------|--|-----------------------------------|--|--------------------|--|--|-------------|
| | | | | through06/30 |)/2018 | Page _ | 16 of 32 | | |
| NAME OF FILER Marr for City | Council 2018 | | | | | 1.D. NÜN 139714 | | | |
| 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) | | |
| 01/23/2018 | Coleen Scherf Ghara | X IND COM OTH PTY SCC | Fundraising Soka University | 100.00 | 100.00 | | 100.00 | | 100.00 G 18 |
| 06/30/2018 | Julie Stromberg | IND COM OTH PTY SCC | Attorney Obagi Law Group, PC | 100.00 | 100.00 | | 100.00 | | 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 □SCC | Dir, Employment Assistance Univ of Nebraska | 100.00 | 10 | 00.00 | 350.00 G 18 | | |
| 06/30/2018 | Mitchellene Sylvester | ⊠IND □COM □OTH □PTY □SCC | Teacher Lincoln Public Schools | 100.00 | 10 | 00.00 | 350.00 G 18 | | |
| SUBTOTAL\$ 500.00 | | | | | | | | | |

*Contributor Codes

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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

01/01/2018

| | | | | through06/30 | 0/2018 | Page _ | |
|------------------|---|---|--|-----------------------------------|--|-------------------|--|
| Marr for City | Council 2018 | | | | | 1.D. NUI 13971 | |
| 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. | AR | PER ELECTION TO DATE (IF REQUIRED) |
| 06/30/2018 | Anais Tangie | IND COM OTH PTY | CEO/Founder A. T. Connections | 100.00 | 10 | 0.00 | 100.00 G 18 |
| 06/30/2018 | Terry Welsh | IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Physician Pathoology Associates | 100.00 | 10 | 0.00 | 100.00 G 18 |
| 05/05/2018 | Maya Willey | XIND COM OTH PTY SCC | Student University of Maryland | 100.00 | 10 | 0.00 | 100.00 G 18 |
| | | □IND □COM □OTH □PTY □SCC | | | | | E)' |
| | | □IND □COM □OTH □PTY □SCC | 41 | | = 10 | - E | *** |
| | | | SUBTOTAL | 300.00 | | | |

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

| Sched | ule | B- | Part | 1 |
|-------|-----|-----|------|---|
| Loans | Red | eiv | ed | |

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

SCHEDULE B-PART 1 Statement covers period CALIFORNIA 01/01/2018

| Louis i (Cocived | | | | | from | 01/2010 | FORM | |
|---|--|---|--|---|------------------------|--|--------------------------------------|---|
| SEE INSTRUCTIONS ON REVERSE | | | | | through06/3 | 30/2018 | Page 18 | of32 |
| NAME OF FILER | | | | | | | I.D. NUMBER | - |
| Marr for City Council 2018 | | | | | | | 1397147 | 4 |
| 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 PAID OR FORGIVEN THIS PERIOD | N CLOSE OF THIS | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
| Andrea Marr 180 Fairwinds Costa Mesa, CA 92626-6586 | Senior Program Manager / Candidate Willdan | | | PAID S FORGIVEN | s 400.00 | | s <u>400.00</u> | s 197.25 PER ELECTION** |
| [†] ⊠ IND □ COM □ OTH □ PTY □ SCC | | s 400.00 | s0.00 | s | 12/31/2018 DATE DUE | s | 06/16/2017 DATE INCURRED | \$ 597.25 G 1 |
| Andrea Marr 180 Fairwinds Costa Mesa, CA 92626-6586 | Senior Program Manager / Candidate Willdan | | | PAID \$ FORGIVEN | s 196.25 | | ş 196.25 | s 197.25 PER ELECTION ** |
| To IND □ COM □ OTH □ PTY □ SCC | | s0.00 | s196.25 | s | 12/31/2018 DATE DUE | ss | 02/01/2018 DATE INCURRED | \$ 597.25 G 1 |
| | | s | \$ | PAID S FORGIVEN | s | % RATE | \$ | \$PER ELECTION** |
| TO IND COM OTH PTY SCC | | | | | DATE DUE | | DATE INCURRED | |
| | | SUBTOTALS \$ | 196.25\$ | \$ 0.00 | 0 \$ 596.25 | | | |
| Schedule B Summary | | | | | | (Enter (e) on Schedule E, Line 3) | | |
| 1. Loans received this period | | • | | \$ | 196.25 | | | |
| (Total Column (b) plus unitemized loans | | | | - | | | Contributor Codes | |

0.00 2. Loans paid or forgiven this period\$ _ (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ (May be a negative number) Enter the net here and on the Summary Page, Column A, Line 2.

196.25

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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



Schedule C Nonmonetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

| | SCHEDULE C |
|---|----------------|
| Statement covers period from 01/01/2018 | CALIFORNIA 460 |
| through 06/30/2018 | Page 19 of 32 |
| | I.D. NUMBER |
| | 1397147 |

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Marr for City Council 2018

| | | | | | | 7 10 | |
|------------------|--|------------------------------|---|--|---------------------------------|--|--|
| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
| | Anne's Boutique Wines 270 E 17th St #14 Costa Mesa, CA 92627 | □IND □COM ☑OTH □PTY □SCC | | Sommelier and Facility use for fundraiser | 300.00 | 300.00 | 300.00 G 18 |
| 01/02/2018 | Inspired Art Wine 1500 Adams Ave Ste 109 Costa Mesa, CA 92626-3866 | □IND □COM IXIOTH □PTY □SCC | | Staff for fundraiser | 825.00 | 825.00 | 825.00 G 18 |
| | Modus Acupuncture 170 E 17th St Ste 211 Costa Mesa, CA 92627-3701 | □IND □COM □PTY □SCC | | Acupuncture service gift card for raffle at fundraiser | 130.00 | 130.00 | 130.00 G 18 |
| | The Straw 1215 Baker St Ste A Costa Mesa, CA 92626-3901 | □IND □COM SOTH □PTY □SCC | | Staff used for fundtaiser. | 150.00 | 150.00 | 150.00 G 18 |
| Attach add | 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.) \$ 1405.00

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

3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$

*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



| Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Marr for City Council 2018 | Type or prir Amounts may to whole o | be rounded | | fro | | 01/01/2018 06/30/2018 | FC | |
|---|--|---|-------------|--|--|--|---|----------------------|
| CODES: If one of the following codes accurately described comparing 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 an OFC office exper PET petition circu PHO phone banks POL polling and POS postage, de | nmunications of appearance onses ulating s survey resea | es | herwise, RAD RFD SAL TEL TRC TRS TSF VOT WEB | radio a returne campa t.v. or candid staff/sp transfe voter r | airtime and proceed contributions aign workers' sa cable airtime ar ate travel, lodge to between corregistration | duction costs s alaries nd production cos ing, and meals adging, and meals | me candidate/sponsor |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | CODE | OR | DESCRIPTIO | N OF PAY | MENT | | AMOUNT PAID |
| Anne's Boutique Wines 270 E 17th St #14 Costa Mesa, CA 92627 | | FND | | | - | | *** | 127.92 |
| ARDA Campaigns 675 N Euclid St. #481 Anaheim, CA 92801 | | OFC | | | | | - | 290.95 |
| Democratic Party of Orange County 1916 West Chapman Ave, Ste B Orange, CA 92868 ID :742006 | | WEB | | | | | | 500.00 |
| * Payments that are contributions or independent expenditures | must also be summ | arized on | Schedule D. | | | | SUBTOTAL | 918.87 |
| Schedule E Summary | | | | | | | 69 | |
| 1. Itemized payments made this period. (Include all Schedule | 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 | Schedule B, Part | 1, Column | (e).) | | | | \$_ | 0.00 |



| Schedule E |
|----------------------|
| (Continuation Sheet) |
| Payments Made |

Type or print in ink.

Amounts may be rounded to whole dollars.

| | | SCHEDULE E (CONT.) |
|----------|--------------------|--------------------|
| Statem | nent covers period | CALIFORNIA 160 |
| from | 01/01/2018 | FORM 40U |
| through_ | 06/30/2018 | Page21 of32 |
| | | I.D. NUMBER |

1397147

SEE INSTRUCTIONS ON REVERSE 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 CNS campaign consultants meetings and appearances RFD returned contributions MTG contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CTB petition circulating TEL t.v. or cable airtime and production costs civic donations PET CVC FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events POL independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor ND POS **TSF** LEG legal defense **PRO** professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

| СМР | | | |
|-----|------------|-----|---------|
| J | | | 350.00 |
| LÍT | | | 130.00 |
| PRO | | | 150.00 |
| PRO | 4 | | 150.00 |
| PRO | | | 150.00 |
| | PRO PRO | PRO | PRO PRO |

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

SUBTOTAL \$



| Schedule E |
|----------------------|
| (Continuation Sheet) |
| Payments Made |

Marr for City Council 2018

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

| Statement covers period | CALIFORNIA ACO |
|-------------------------|------------------------|
| from01/01/2018 | FORM 400 |
| through06/30/2018 | Page 22 of 32 |
| | I.D. NUMBER 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 campaign consultants MTG meetings and appearances returned contributions CNS RFD contribution (explain nonmonetary)* **OFC** office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FIL fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* IND postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor legal defense LEG PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT LIT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR **DESCRIPTION OF PAYMENT AMOUNT PAID** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) McIntyre & Barcelona, LLC 1440 N Harbor Blvd., Suite 707 **PRO** 150.00 Fullerton, CA 92835 McIntyre & Barcelona, LLC 1440 N Harbor Blvd., Suite 707 **WEB** 170.00 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 Navy Federal Credit Union Credit Payment P. O. Box 3500 **OFC** 94.35 Merrifield, VA 22119-3500



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

714.35

SUBTOTAL \$

| CCHEDI | 11 - | E // | 400 | 12 |
|--------|------|------|-----|-----|
| SCHEDU | JLE | | | 41. |

| Schedule E |
|----------------------|
| (Continuation Sheet) |
| Payments Made |

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

| | | OOI ILDOLL L (OOI41.) |
|----------|--------------------|-----------------------|
| Staten | nent covers period | CALIFORNIA ACO |
| from | 01/01/2018 | FORM 400 |
| through_ | 06/30/2018 | Page 23 of 32 |
| | | 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 returned contributions CNS campaign consultants MTG meetings and appearances RFD CTB contribution (explain nonmonetary)* office expenses OFC SAL campaign workers' salaries petition circulating TEL t.v. or cable airtime and production costs CVC civic donations PET FIL candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals fundraising events polling and survey research staff/spouse travel, lodging, and meals FND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor ND POS TSF

LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT professional services (legal, accounting) VOT voter registration 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 |
|--|------|---------------------------|-------------|
| Navy Federal Credit Union P. O. Box 3500 Merrifield, VA 22119-3500 | OFC | | 163.94 |
| Navy Federal Credit Union P. O. Box 3500 Merrifield, VA 22119-3500 | OFC | Credit Payment | 33.32 |
| Navy Federal Credit Union P. O. Box 3500 Merrifield, VA 22119-3500 | OFC | Credit Payment | 59.86 |
| OPro, LLC c/o Elizabeth Haynes 300 W. 23rd Street #10N New York, NY 10011 | CNS | | 1500.00 |
| OPro, LLC c/o Elizabeth Haynes 300 W. 23rd Street #10N New York, NY 10011 | WEB | | 1000.00 |

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

SUBTOTAL \$



| Schedule E |
|----------------------|
| (Continuation Sheet) |
| Payments Made |

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

| Statem | ent covers period | CALIFORNIA ACO | |
|----------|-------------------|------------------------|--|
| from | 01/01/2018 | FORM 400 | |
| through_ | 06/30/2018 | Page 24 of 32 | |
| | | 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. MBR member communications CMP campaign paraphernalia/misc. 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 TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals IND 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 UT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE **DESCRIPTION OF PAYMENT AMOUNT PAID** OR (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 San Francisco, CA 94107 | WEB | 1.03 |
|--|-----|-------|
| Stripe 185 Berry St, Suite 550 San Francisco, CA 94107 | WEB | 0.88 |
| Stripe 185 Berry St, Suite 550 San Francisco, CA 94107 | WEB | 0.59 |
| Stripe 185 Berry St, Suite 550 San Francisco, CA 94107 | WEB | 10.75 |

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

SUBTOTAL \$



| Schedule E |
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| (Continuation Sheet) |
| Payments Made |

Marr for City Council 2018

NAME OF FILER

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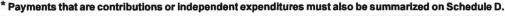
Amounts may be rounded to whole dollars.

| SCHEDULE E (| CONT.) |
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| Statement covers period | CALIFORNIA 160 |
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| from01/01/2018 | FORM 400 |
| through06/30/2018 | Page25of32 |
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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 returned contributions CNS campaign consultants MTG meetings and appearances RFD OFC office expenses CTB contribution (explain nonmonetary)* SAL campaign workers' salaries petition circulating TEL t.v. or cable airtime and production costs CVC civic donations PET FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals polling and survey research staff/spouse travel, lodging, and meals fundraising events FND POL transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* POS **TSF** ND LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) ЦТ

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
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| Stripe 185 Berry St, Suite 550 San Francisco, CA 94107 | WEB | | 1.91 |
| Stripe 185 Berry St, Suite 550 San Francisco, CA 94107 | WEB | | 3.20 |
| Stripe 185 Berry St, Suite 550 San Francisco, CA 94107 | WEB | | 1.75 |
| 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 |



SUBTOTAL \$



| Schedule E |
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| (Continuation Sheet) |
| Payments Made |

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SCHEDULE E (CONT.)

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| NAME OF FILER | | | I.D. NUMBER | |
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CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs MTG meetings and appearances CNS campaign consultants RFD returned contributions CTB contribution (explain nonmonetary)* **OFC** office expenses SAL campaign workers' salaries petition circulating t.v. or cable airtime and production costs CVC civic donations PET FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research transfer between committees of the same candidate/sponsor ND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF legal defense professional services (legal, accounting) VOT voter registration Ш campaign literature and mailings PRT print ads information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE **AMOUNT PAID** OR **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 **WEB** 0.88 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 **WEB** 7.55 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 **WEB** 1.03 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 **WEB** 3.20 San Francisco, CA 94107 SUBTOTAL \$ Payments that are contributions or independent expenditures must also be summarized on Schedule D. 15.86



FPPC Form 460 (January/05)

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| Schedule E |
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| (Continuation Sheet) |
| Payments Made |

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| through_ | 06/30/2018 | Page 27 of 32 | |
| | | I.D. NUMBER | - |

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 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. member communications RAD radio airtime and production costs CNS campaign consultants meetings and appearances returned contributions office expenses CTB contribution (explain nonmonetary)* OFC SAL campaign workers' salaries petition circulating TEL. t.v. or cable airtime and production costs PET CVC civic donations FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals staff/spouse travel, lodging, and meals fundraising events POL polling and survey research FND transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF ND LEG 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR **DESCRIPTION OF PAYMENT AMOUNT PAID** Stripe 185 Berry St, Suite 550 WEB 14.80 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 0.88 WEB San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 1.47 WEB San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 **WEB** 0.45 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 1.03 **WEB** San Francisco, CA 94107

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

SUBTOTAL \$



| Schedule I | E |
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| (Continuat | ion Sheet) |
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SCHEDULE E (CONT.)

| Continuation Sheet) Payments Made | Type or print in ink. Amounts may be rounded to whole dollars. | Statement covers period from01/01/2018 | CALIFORNIA 460 |
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| SEE INSTRUCTIONS ON REVERSE | | through06/30/2018 | Page of 32 |
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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 petition circulating PET TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals IND 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 LIT campaign literature and mailings PRT WEB information technology costs (internet, e-mail) print ads NAME AND ADODESC OF DAVEE

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
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| 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 |

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

SUBTOTAL \$



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| 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 |
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| SEE INSTRUCTIONS ON REVERSE | | through 06/30/2018 | Page 29 of 32 |
| NAME OF FILER Marr for City Council 2018 | | | I.D. NUMBER 1397147 |

| CODES: If one of the following codes accurately descended comparing 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 com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del PRO professional | munications d appearances ises lating | RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the campaign workers' salaries TRC candidate travel, lodging, and transfer between committees VOT voter registration | uction costs meals and meals of the same candidate/sponsor |
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| Stripe 185 Berry St, Suite 550 San Francisco, CA 94107 | WEB | | | 12.27 |
| Stripe 185 Berry St, Suite 550 San Francisco, CA 94107 | WEB | | | 4.95 |
| Stripe 185 Berry St, Suite 550 San Francisco, CA 94107 | WEB | | | 4.23 |
| Stripe 185 Berry St, Suite 550 San Francisco, CA 94107 | WEB | | | 27.35 |
| Stripe 185 Berry St, Suite 550 San Francisco, CA 94107 | WEB | | | 7.55 |

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

SUBTOTAL \$



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Schedule E (Continuation Sheet)

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to whole dollars. **Payments Made** SEE INSTRUCTIONS ON REVERSE NAME OF FILER 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.

radio airtime and production costs campaign paraphernalia/misc. MBR member communications CMP MTG meetings and appearances RFD returned contributions CNS campaign consultants contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate filing/ballot fees phone banks candidate travel, lodging, and meals fundraising events polling and survey research staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services professional services (legal, accounting) VOT voter registration LEG legal defense campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) UT 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 2.63 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 WEB 0.88 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 **WEB** 3.17 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 **WEB** 2.93 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 WEB 7.55 San Francisco, CA 94107 SUBTOTAL \$



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

FPPC Form 460 (January/05)

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

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| Statement covers period | CALIFORNIA 460 |
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| through06/30/2018 | Page 31 of 32 |
| | I.D. NUMBER |

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Marr for City Council 2018 139/14/

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs PET candidate filing/ballot fees FIL phone banks candidate travel, lodging, and meals fundraising events polling and survey research staff/spouse travel, lodging, and meals FND POL independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor IND POS **TSF** professional services (legal, accounting) LEG legal defense PRO 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 0.59 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 **WEB** 0.59 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 WEB 0.45 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 WEB 1.33 San Francisco, CA 94107 Stripe 185 Berry St, Suite 550 WEB 3.20 San Francisco, CA 94107



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

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SUBTOTAL \$

| Schedule E |
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| (Continuation Sheet) |
| Payments Made |

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SCHEDULE E (CONT.)

| (Continuation Sheet) Payments Made Amounts may be rounded to whole dollars. | from01/01/2018 | california 460 |
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| NAME OF FILER | | I.D. NUMBER |
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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 FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals FND fundraising events polling and survey research ND 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) LEG PRO VOT voter registration LIT 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 | c | DR DESCRIPTION OF PAYMENT | AMOUNT PAID |
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| 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 \$

