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497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Marr for City Council 2018		Date of This Filing 10/04/2018	Date Stamp 10 OCT -4 AM 10:10	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 697-7532	I.D. NUMBER (if applicable) 1397147	Report No. AM-4	CITY OF COSTA MESA BY _____	
STREET ADDRESS 1440 N Harbor Blvd Ste 707		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		1 of 1
CITY Fullerton	STATE CA	ZIP CODE 92835-4120	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/03/2018	Costa Mesa Firefighters Association Local 1465 PAC 555 Capitol Mall Ste 400 Sacramento CA 95814-4504 ID : 1377067	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		604.88 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*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

