

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

|  |   |
|--|---|
| Date Stamp<br><b>RECEIVED<br/>CITY CLERK</b><br><br>19 JAN 30 AM 9:53<br><br>CITY OF COSTA MESA<br>BY [Redacted] | CALIFORNIA<br>2001/02<br>FORM   |
|  | <b>460</b><br><br>Page <u>1</u> of <u>11</u><br>For Official Use Only |

Statement covers period  
 from 10/21/2018  
 through 12/31/2018

Date of election if applicable:  
 (Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee  |
| <input type="checkbox"/> State Candidate Election Committee                      | <input type="checkbox"/> Controlled   |
| <input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i>                 | <input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i>   |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i> |
| <input type="checkbox"/> Sponsored   |   |
| <input type="checkbox"/> Small Contributor Committee                             |   |
| <input type="checkbox"/> Political Party/Central Committee                       |   |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement                                  |
| <input checked="" type="checkbox"/> Semi-annual Statement                                   | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

**3. Committee Information**

I.D. NUMBER  
1397147

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Marr for City Council 2018

STREET ADDRESS (NO P.O. BOX)  
1440 N Harbor Blvd Ste 707

|                  |           |                   |                       |
|------------------|-----------|-------------------|-----------------------|
| CITY             | STATE     | ZIP CODE          | AREA CODE/PHONE       |
| <u>Fullerton</u> | <u>CA</u> | <u>92835-4120</u> | <u>(949) 697-7532</u> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

(949) 271-4896 t-mac-consulting@pacbell.net

**Treasurer(s)**

NAME OF TREASURER  
Tammi McIntyre

MAILING ADDRESS  
1440 N Harbor Blvd Ste 707

|                  |           |                   |                     |
|------------------|-----------|-------------------|---------------------|
| CITY             | STATE     | ZIP CODE          | AREA CODE/PHONE     |
| <u>Fullerton</u> | <u>CA</u> | <u>92835-4120</u> | <u>949-697-7532</u> |

NAME OF ASSISTANT TREASURER, IF ANY  
Joanna Barcelona

MAILING ADDRESS  
1440 N Harbor Blvd Suite 707

|                  |           |                   |                     |
|------------------|-----------|-------------------|---------------------|
| CITY             | STATE     | ZIP CODE          | AREA CODE/PHONE     |
| <u>Fullerton</u> | <u>CA</u> | <u>92835-4127</u> | <u>714-745-5281</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/24/2019  
Date

Executed on 01/24/2019  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Tammi McIntyre [Redacted Signature]

By Andrea Marr [Redacted Signature]  
Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent



Type or print in ink.

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

CALIFORNIA  
FORM **460**

Page 2 of 11

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Andrea Marr

---

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Sought : City Council Member  
City- City of Costa Mesa, Dist 3 3

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RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
180 Fairwinds Costa Mesa CA 92626-6586

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

|  |   |
|--|---|
| COMMITTEE NAME                                 | I.D. NUMBER   |
| NAME OF TREASURER                              | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) |   |
| CITY   | STATE ZIP CODE AREA CODE/PHONE  |

---

|  |   |
|--|---|
| COMMITTEE NAME                                 | I.D. NUMBER   |
| NAME OF TREASURER                              | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) |   |
| CITY   | STATE ZIP CODE AREA CODE/PHONE  |

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

---

|                      |              |   |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

---

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

---

|                       |                     |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary



**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

|  |                                       |
|--|---------------------------------------|
| Statement covers period<br>from <u>10/21/2018</u><br>through <u>12/31/2018</u> | <b>CALIFORNIA<br/>FORM</b> <b>460</b> |
|  | Page <u>3</u> of <u>11</u>            |
|  | I.D. NUMBER<br>1397147                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Marr for City Council 2018

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ <u>2725.00</u>  | \$ <u>29402.99</u>                         |
| 2. Loans Received ..... Schedule B, Line 3            | <u>0.00</u>  | <u>660.85</u>                              |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ <u>2725.00</u>  | \$ <u>30063.84</u>                         |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | <u>522.50</u>  | <u>4755.13</u>                             |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ <u>3247.50</u>  | \$ <u>34818.97</u>                         |

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

|                            | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

**Expenditures Made**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ <u>11476.49</u>   | \$ <u>34145.87</u>                         |
| 7. Loans Made ..... Schedule H, Line 3                      | <u>0.00</u>  | <u>0.00</u>                                |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ <u>11476.49</u>   | \$ <u>34145.87</u>                         |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | <u>0.00</u>  | <u>0.00</u>                                |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | <u>522.50</u>  | <u>4755.13</u>                             |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ <u>11998.99</u>   | \$ <u>38901.00</u>                         |

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|   |                    |
|---|--------------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ <u>12399.22</u> |
| 13. Cash Receipts ..... Column A, Line 3 above                              | <u>2725.00</u>     |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | <u>0.00</u>        |
| 15. Cash Payments ..... Column A, Line 8 above                              | <u>11476.49</u>    |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>3647.73</u>  |

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ 0.00

**Cash Equivalents and Outstanding Debts**

|   |                  |
|---|------------------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ <u>0.00</u>   |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ <u>660.85</u> |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.



**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>10/21/2018</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>12/31/2018</u>                         |                                |
| Page <u>4</u> of <u>11</u>                        |                                |
| I.D. NUMBER<br><b>1397147</b>                     |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Marr for City Council 2018

| 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) |
|--------------------|---|---|--|-----------------------------|---|------------------------------------|
| 10/26/2018         | Arthur Ashendorf<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Teacher<br>Newport Mesa USD  | 100.00                      | 100.00  | 185.00 G 18                        |
| 12/01/2018         | Dennis Ashendorf<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Teacher<br>Newport Mesa USD  | 20.00                       | 230.00  | 230.00 G 18                        |
| 11/01/2018         | Dennis Ashendorf<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Teacher<br>Newport Mesa USD  | 20.00                       | 230.00  | 230.00 G 18                        |
| 10/24/2018         | Costa Mesa Firefighters Association Local 1465 PAC<br>555 Capitol Mall<br>Ste 400<br>Sacramento, CA 95814-4504<br>ID :1377067 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1000.00                     | 6251.13   | 6251.13 G 18                       |
| 11/02/2018         | Inez Freenman-Beaver<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>N/A   | 100.00                      | 200.00  | 200.00 G 18                        |
| <b>SUBTOTAL \$</b> |   |   |  | <b>1240.00</b>              |   |                                    |

**Schedule A Summary**

|   |                 |                |
|---|-----------------|----------------|
| 1. Amount received this period – itemized monetary contributions.<br>(Include all Schedule A subtotals.) .....                            | \$              | <u>2635.00</u> |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 .....   | \$              | <u>90.00</u>   |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | <b>TOTAL \$</b> | <u>2725.00</u> |

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>10/21/2018</u><br>through <u>12/31/2018</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>5</u> of <u>11</u>     |

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Marr for City Council 2018</b> | I.D. NUMBER<br><b>1397147</b> |
|--|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/23/2018         | Lena Goodwin<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Writer<br>Lena Goodwin  | 100.00                      | 100.00   | 100.00 G 18                           |
| 11/05/2018         | Mike Lin<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br>Sandpiper  | 249.00                      | 249.00   | 249.00 G 18                           |
| 10/26/2018         | LSA Associates, Inc<br>20 Executive Park<br>Ste 200<br>Irvine, CA 92614                         | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 249.00                      | 249.00   | 249.00 G 18                           |
| 12/20/2018         | Eva Orozco<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>N/A  | 25.00                       | 255.00   | 305.00 G 18                           |
| 11/20/2018         | Eva Orozco<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>N/A  | 25.00                       | 255.00   | 305.00 G 18                           |
| <b>SUBTOTAL \$</b> |   |   |   | <b>648.00</b>               |  |                                       |

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

|  |  |                                |
|--|--|--------------------------------|
| Statement covers period<br>from <u>10/21/2018</u><br>through <u>12/31/2018</u> |  | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>6</u> of <u>11</u>   |  |                                |
| NAME OF FILER<br>Marr for City Council 2018                                    |  | I.D. NUMBER<br>1397147         |

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 11/05/2018         | P11 Creative, Inc<br>20331 Irvine Blvd<br>Ste E5<br>Newport Beach, CA 92660                     | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 249.00                      | 249.00   | 249.00 G 18                           |
| 10/26/2018         | P2K Corp<br>9838 Research Dr<br>Irvine, CA 92618-4310   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 249.00                      | 249.00   | 249.00 G 18                           |
| 11/05/2018         | Urban Resources Corp<br>23 Mauchly<br>Ste 110<br>Irvine, CA 92618-5337                          | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 249.00                      | 249.00   | 249.00 G 18                           |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>747.00</b>               |  |                                       |

\*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 B – Part 1  
Loans Received**

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

|  |                                       |
|--|---------------------------------------|
| Statement covers period<br>from <u>10/21/2018</u><br>through <u>12/31/2018</u> | <b>CALIFORNIA<br/>FORM</b> <b>460</b> |
|  | Page <u>7</u> of <u>11</u>            |

SEE INSTRUCTIONS ON REVERSE

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Marr for City Council 2018</b> | I.D. NUMBER<br><b>1397147</b> |
|--|-------------------------------|

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD    | (e)<br>INTEREST PAID THIS PERIOD           | (f)<br>ORIGINAL AMOUNT OF LOAN                             | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE  |
|--|---|--|------------------------------------|--|---|--|--|--|
| Andrea Marr<br>180 Fairwinds<br>Costa Mesa, CA 92626-6586<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Senior Program Manager / Candidate Willdan  | \$ <u>64.60</u>                                  | \$ <u>0.00</u>                     | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ <u>64.60</u><br><br><u>12/31/2018</u><br>DATE DUE  | <u>0.00%</u><br>RATE<br><br>\$ <u>0.00</u> | \$ <u>64.60</u><br><br><u>09/27/2018</u><br>DATE INCURRED  | CALENDAR YEAR<br>\$ <u>261.85</u><br>PER ELECTION**<br><br>\$ <u>661.85 G 18</u> |
| Andrea Marr<br>180 Fairwinds<br>Costa Mesa, CA 92626-6586<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Senior Program Manager / Candidate Willdan  | \$ <u>196.25</u>                                 | \$ <u>0.00</u>                     | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ <u>196.25</u><br><br><u>12/31/2018</u><br>DATE DUE | <u>0.00%</u><br>RATE<br><br>\$ <u>0.00</u> | \$ <u>196.25</u><br><br><u>02/01/2018</u><br>DATE INCURRED | CALENDAR YEAR<br>\$ <u>261.85</u><br>PER ELECTION**<br><br>\$ <u>661.85 G 18</u> |
| Andrea Marr<br>180 Fairwinds<br>Costa Mesa, CA 92626-6586<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Senior Program Manager / Candidate Willdan  | \$ <u>400.00</u>                                 | \$ <u>0.00</u>                     | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ <u>400.00</u><br><br><u>12/31/2018</u><br>DATE DUE | <u>0.00%</u><br>RATE<br><br>\$ <u>0.00</u> | \$ <u>400.00</u><br><br><u>06/16/2017</u><br>DATE INCURRED | CALENDAR YEAR<br>\$ <u>261.85</u><br>PER ELECTION**<br><br>\$ <u>661.85 G 18</u> |
| <b>SUBTOTALS \$</b>  |   | <b>0.00 \$</b>                                   | <b>0.00 \$</b>                     | <b>0.00 \$</b>   | <b>660.85 \$</b>                                      | <b>0.00</b>                                |  |  |

**Schedule B Summary** (Enter (e) on Schedule E, Line 3)

1. Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period ..... \$ 0.00  
(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 \$** 0.00  
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†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

\*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<br>from <u>10/21/2018</u><br>through <u>12/31/2018</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>8</u> of <u>11</u>     |
|  | I.D. NUMBER<br><b>1397147</b>  |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Marr for City Council 2018

| 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) |
|--|---|---|--|------------------------------------|---------------------------|---|------------------------------------|
| 10/24/2018   | Costa Mesa Firefighters Association Local 1465 PAC<br>555 Capitol Mall<br>Ste 400<br>Sacramento, CA 95814-4504<br>ID :1377067 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Online Advertising                 | 200.00                    | 6251.13   | 6251.13 G 18                       |
| 10/26/2018   | Costa Mesa Firefighters Association Local 1465 PAC<br>555 Capitol Mall<br>Ste 400<br>Sacramento, CA 95814-4504<br>ID :1377067 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Online Advertisements & Doorhanger | 322.50                    | 6251.13   | 6251.13 G 18                       |
|  |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                    |                           |   |                                    |
|  |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                    |                           |   |                                    |
| <i>Attach additional information on appropriately labeled continuation sheets.</i> |   |   |  |                                    | <b>SUBTOTAL \$</b>        | <b>522.50</b>                                     |                                    |

**Schedule C Summary**

|  |                 |               |
|--|-----------------|---------------|
| 1. Amount received this period – itemized nonmonetary contributions.<br>(Include all Schedule C subtotals.) .....                                    | \$              | <u>522.50</u> |
| 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....   | \$              | <u>0.00</u>   |
| 3. Total nonmonetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... | <b>TOTAL \$</b> | <u>522.50</u> |

\*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**

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

SCHEDULE E

|                         |            |                               |
|-------------------------|------------|-------------------------------|
| Statement covers period |            | CALIFORNIA<br>FORM <b>460</b> |
| from                    | 10/21/2018 |                               |
| through                 | 12/31/2018 | Page <u>9</u> of <u>11</u>    |
|                         |            | I.D. NUMBER<br>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.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| 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                |
| 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)* | 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                                 | WEB | information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| ARDA Campaigns<br>675 N Euclid St. #481<br>Anaheim, CA 92801        | LIT     |                        | 3621.00     |
| ARDA Campaigns<br>675 N Euclid St. #481<br>Anaheim, CA 92801        | POS     |                        | 847.00      |
| ARDA Campaigns<br>675 N Euclid St. #481<br>Anaheim, CA 92801        | LIT     |                        | 2910.00     |

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

**SUBTOTAL \$** 7378.00

**Schedule E Summary**

|  |                 |                 |
|--|-----------------|-----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....   | \$              | 11374.11        |
| 2. Unitemized payments made this period of under \$100 .....   | \$              | 102.38          |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$              | 0.00            |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL \$</b> | <b>11476.49</b> |



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

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

SCHEDULE E (CONT.)

|                            |            |                                |
|----------------------------|------------|--------------------------------|
| Statement covers period    |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                       | 10/21/2018 |                                |
| through                    | 12/31/2018 | Page <u>10</u> of <u>11</u>    |
| NAME OF FILER              |            | I.D. NUMBER                    |
| Marr for City Council 2018 |            | 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.

|   |   |   |
|---|---|---|
| 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                |
| 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)* | 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                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| ARDA Campaigns<br>675 N Euclid St. #481<br>Anaheim, CA 92801                       | POS     |                        | 583.00      |
| McIntyre & Barcelona, LLC<br>1440 N Harbor Blvd., Suite 707<br>Fullerton, CA 92835 | PRO     |                        | 385.00      |
| McIntyre & Barcelona, LLC<br>1440 N Harbor Blvd., Suite 707<br>Fullerton, CA 92835 | PRO     |                        | 385.00      |
| OPro, LLC<br>c/o Elizabeth Haynes<br>300 W. 23rd Street #10N<br>New York, NY 10011 | CNS     |                        | 1500.00     |
| OPro, LLC<br>c/o Elizabeth Haynes<br>300 W. 23rd Street #10N<br>New York, NY 10011 | WEB     |                        | 981.48      |

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

**SUBTOTAL \$ 3834.48**



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

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

SCHEDULE E (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 10/21/2018 |                                |
| through                 | 12/31/2018 | Page <u>11</u> of <u>11</u>    |
|                         |            | I.D. NUMBER<br>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.

- |   |   |   |
|---|---|---|
| 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                |
| 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)* | 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                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PressPrint<br>5085 Mission Hills Dr<br>Banning, CA 92220-6462       | LIT  |    |                        | 161.63      |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 161.63**

