497 Contribution Report

Amounts may be rounded to whole dollars.

							497 CC	ONTRIBUTION REPORT
NAME OF FILER Elect Roy Englebrecht 2018 Council District 4				Date of		Date Stamp	CALIFO	PRNIA 497
				This Filing	10/17/2018		FORM 49 / For Official Use Only	
AREA CODE/PHONE NUMBER (949)235-6155		I.D. NUMBER (if applicable) 1399605		Report No. 2018-2		E-Filed 10/17/2018 15:28:52		
STREET ADDRESS			Amendment to Report No.		Filing ID: 174310269			
CITY		STATE ZIP CODE		(explain below)	_			
Newport Beach		CA	92660	No. of Pages	1			
1. Contributi	ion(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
10/17/2018	Charles Turner Newport Beach, CA 92663					Physician Charles Turner, MD		1,100.00
					☐ OTH ☐ PTY			☐ Check if Loan
					SCC			Provide interest rate
10/17/2018	Suzanne C. Turner Newport Beach, CA 92663					Homemaker None		1,000.00
					OTH			☐ Check if Loan
					SCC			Provide interest rate
					☐ IND ☐ COM ☐ OTH			Check if Loop
					□ PTY □ SCC			Check if Loan
								Provide interest rate
						*Contributor Codes		
Reason for Amei	ndment:					IND – Individual COM – Recipient Co OTH – Other (e.g., t PTY – Political Party SCC – Small Contrib	business enti	ity)

FPPC Form 497 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov