**Recipient Committee CALIFORNIA Campaign Statement FORM Cover Page** Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only 01/01/2018 from 06/30/2018 11/06/2018 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ✓ Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement ☐ Special Odd-Year Report O Recall O Controlled Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) ☐ General Purpose Committee Explanation of Refun O Sponsored Primarily Formed Candidate/ Officeholder Committee Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1400068 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Brenner for City Council, 2018 Richard A. Weaver MAILING ADDRESS 202 Nata STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE 615 1/2 Marguerite Avenue **Newport Beach** CA 92660 949-278-2437 STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY **Newport Beach** CA 92625 949-200-9993 N/A MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS P. O. Box 13251 CITY STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE Newport Beach CA 92625 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 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 penjury under the laws of the State of California that the foregoing is true and correct. Executed o Signature of Treasurer or Assistant Treasurer Executed on State Measure Proponent or Responsible Officer of Sponsor Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on . Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER PAGE

#### Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
CALIFORNIA FORM	460						
Page 2 o	r 35						

Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballo	t Measure (	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			····	
Joy Brenner			N/A				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
Newport Beach, CA City Council, District 6				<u> </u>			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI 615 1/2 Marguerite Ave Newpor	ry state zip t Beach, CA 92625		identify the controlling office	holder, candle	date, or state n	neasure proj	ponent, if any.
		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT					
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 candi	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME N/A	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	didate/Offic ) for which this	eholder Col	mmittee <i>L</i>	ist names of ed.
	YES NO				.,		~~~
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	)X)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	3HT OR HELD	☑ SUPPORT
			Joy Brenner		City Cour	ncil, Dist 6	OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	SHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.O. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	SHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES NO						OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		An	ach continu <b>at</b> i	ion sheets if ne	ecessary	

# Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Brenner for City Council, 2018

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

from_	01/01/2018	CALIFORNIA 460
throug	o6/30/2018	Page3 of35
		I.D. NUMBER
		1400068

Dictine for only country, 2010					140008
Contributions Received	TOTAL	DIUMN A L THIS PERIOD ACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3	s	39,713.01	\$	40,273.01	General Elections
2. Loans Received	Ψ	20,000.00	Ψ	22,000.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	59,773.01	\$	62,273.01	20. Contributions Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3		2,703.26	•	2,703.26	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED	\$	62,476.27	\$	64,976.27	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	10,386.08	\$	12,456.37	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22 Cumulatha Eugandituses Madas
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7	\$	10,386.08	\$	12,456.57	22. Cumulative Expenditures Made* (If Subject to Voluntery Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		0.00	Date of Election Total to Date
10. Nonmonetary AdjustmentSchedule C, Line 3		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	10,386.08	\$	12,456.37	/\$
Current Cash Statement	· · · · · · · · · · · · · · · · · · ·		T		\$
12. Beginning Cash Balance Previous Summary Page, Line 18	\$		To	calculate Column B,	
13. Cash Receipts Column A, Line 3 above	***********	59,773.01	ac	ld amounts in Column	
14. Miscellaneous Increases to Cash Schedule I, Line 4	-	0.00		to the corresponding nounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		12,456.37		your last report. Some nounts in Column A may	Topoxed III Column B.
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	47,316.64	be	negative figures that	
If this is a termination statement, Line 16 must be zero.			pr	ould be subtracted from evious period amounts. If	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	file	is is the first report being ed for this calendar year, ally carry over the amounts	
Cash Equivalents and Outstanding Debts			fro	om Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$	0.00	ar	ıy).	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	22,000.00		•	FPPC Form 460 (Jan/2
	·				FPPC Advice: advice@fppc.ca.gov (866/275-3 www.fppc.ca

Schedule A Monetary Contributions Received			nts may be rounded whole dollars.	Statement covers period from 01/01/2018		california 460		
SEE INSTRUCTIONS	ON REVERSE			through06/	/30/2018	Page .	4 of35	
NAME OF FILER Brenner for C	City Council, 2018					1.D. NUI 14000		
DATE RECEIVED F	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.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
01/16/18	Susan Regan	ØIND □COM □OTH □PTY □SCC	Retired	250.00	250.00			
01/17/18	Fred Salter	IND   COM   OTH   PTY   SCC	Retired	1,100.00	1,100.00			
01/19/18	John Cox, Jr.	ØIND □COM □OTH □PTY □SCC	Retired	1,000.00	1,000.00			
01/20/18	Patricia Raines	Ø IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	300.00	300.0	00		
01/23/18	Wendy Saiter	ØIND □COM □OTH □PTY □SCC	Retired	1,100.00	1,100.0	00		
			SUBTOTAL \$	3,750.00				
	Summary eived this period – itemized monetary contributions. Schedule A subtotals.)		\$	38,691.00	IND			
	eived this period – unitemized monetary contribution ary contributions received this period.	is of less thar	າ \$100\$ <u> </u>	1,082.01	PTY-	Other (e Political	e.g., business entity)	

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$ \_\_

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

39,773.01

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole c	ioliars.	Statement covers period  from 1/01/2018  through 06/30/2018			FORNIA ORM	460		
NAME OF FILER					<del></del>	I.D. NU	MBER			
Brenner for	r City Council, 2018	<u> </u>				14000	068			
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		CALENDAR YEAR TO DATE	
01/24/18	Kathleen Schwarz	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00		0 100.00			
01/24/18	Vicki Cubeiro	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.	00				
01/25/18	Nancy Skinner	☑IND □COM □OTH □PTY □SCC	Retired	250.00	250.	00				
01/25/18	Mary Roosevelt	DIND COM OTH PTY SCC	Retired	100.00	100.	00				
01/25/18	Nancy Gardner	ØIND □ COM □ OTH □ PTY □ SCC	Retired	500.00	500.	00				
			SUBTOTAL	\$ 1,050.00						

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole dollars.		Statement covers period from1/01/2018		california 460		
				through06/3	0/2018	Page _	6 of 35	
NAME OF FILER			······································			I.D. NUI	MBER	
Brenner for	City Council, 2018					14000	68	
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)	
01/25/18	Clarence Turner	☑IND □ COM □ OTH □ PTY □ SCC	Self Employed Trico Real Estate	500.00	500.00			
01/25/18	Chervi Paoletti	☑IND □COM □OTH □PTY □SCC	Self Employed	200.00	200.	00		
01/25/18	Jim Trush	☑ IND □ COM □ OTH □ PTY □ SCC	Attorney, Self Employed Trush Law	250.00	250.	00		
01/26/18	Melinda Seely	☑IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.	00		
01/26/18	Tricia Nichols	☑IND □ COM □ OTH □ PTY □ SCC	Retired	250.00	250.	00		
			SUBTOTAL \$	1,300.00	····			

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OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole d	iollars.	Statement cov from 1/01/ through 06/3	F	FORNIA DRM 7 0	400	
NAME OF FILER	City Coursell 2049				<del></del>	I.D. NU		
Drenner to	r City Council, 2018	·			<del> </del>	14000	68	
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)		TO	ELECTION DATE EQUIRED)
01/27/18	Jean Watt	DIND COM OTH PTY SCC	Retired	550.00	550.00			
01/27/18	Jeffrey Herdman	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.	00		****
02/01/18	Bestyled Boutique	□IND □COM ☑OTH □PTY □SCC	Corporation Clothing	241.00	241.	00		
02/03/18	Leslie Gates	IND COM OTH PTY	Self Employed Investor	500.00	500	.00		
02/09/18	Dorothy Krause	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100	.00		
			SUBTOTAL	\$ 1,491.00				

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SCHEDULE A (CONT.)

Monetary Contributions Received		10 1111010		from1/01/	/2018	FORM 460			
				through06/3	30/2018	Page .	8 of 35		
NAME OF FILER						I.D. NL	JMBER		
Brenner for	r City Council, 2018					14000	068		
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)		
02/09/18	Deborah Day	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00		100.00		
02/10/18	Karen Carlson	☑IND □COM □OTH □PTY □SCC	Retired	250.00	250.	00			
03/01/18	Pauline Smith	DIND COM OTH PTY SCC	Retired	1,100.00	1,100.	00			
03/04/18	David Maze	☑IND □COM □OTH □PTY □SCC	Retired	1,100.00	1,100.00				
03/08/18	Mary Allen	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.	00			
			SUBTOTAL S	2,650.00					

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FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

monetary Contributions Received		to whole donars.		from 1/01/2018		california 460			
				through06/3	0/2018	Page .	9 of 35		
NAME OF FILER			**************************************			I.D. NU	JMBER		
Brenner for	r City Council, 2018					14000	068		
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)		
03/16/18	Denise Schneidel	DIND COM OTH PTY SCC	Sales Director DDS Service	100.00	100.00		100.00		
03/26/18	Kenneth Thompson	☑IND □COM □OTH □PTY □SCC	Retired	150.00	150.00				
03/26/18	Linda Watkins	DIND COM OTH PTY SCC	Self Employed Leadership	150.00	150.00				
04/01/18	Timothy Stokes, TTE	DIND COM	Self Employed Developer	250.00	250.00				
04/02/18	Nicole Reynolds	☑IND □COM □OTH □PTY □SCC	Retired	500.00	500.	00			
			SUBTOTAL S	1,150.00					

*0	ontributor	Codes

IND - Individual

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Amounts may be rounded

SCHEDULE A (CONT.)

wonetary	Contributions Received	to whole u	onurs.	from 1/01/2018		FORM 460			
				through	0/2010	1	Í		
NAME OF FILER						I.D. NU	MBER		
Brenner fo	r City Council, 2018					14000	68		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)		
04/05/18	Walter Howard	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00		100.00		
04/06/18	Janet Landstrom	DIND COM OTH PTY SCC	Retired	550.00	550	.00			
04/17/18	Pameta Gilmour	IND   COM   OTH   PTY   SCC	Retired	250.00	250	.00			
4/20/18	Cynthia Netherton	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Psycologist	250.00	250	.00			
4/24/18	Virginia Riley	☑IND □COM □OTH □PTY □SCC	Retired	500.00	500	.00			
			SUBTOTAL	<b>\$</b> 1,650					

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SCC - Small Contributor Committee

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole d	ioliars.	Statement cov	CALIFORNIA A			
				through06/3	0/2018	Page _	of	35
NAME OF FILER	01.0					I.D. NU		
Brenner to	City Council, 2018					14000	68	
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	TO	ECTION DATE QUIRED)
05/01/18	Thomas Fredericks	DIND COM OTH PTY SCC	Retired	500.00	500.	00		
05/01/18	Lynn Lorenz	DIND COM OTH PTY SCC	Retired	100.00	100.	00		
05/01/18	Lynn Hartline	IND   COM   OTH   PTY   SCC	Retired	100.00	100.	00		
05/02/18	Jane Drew	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Psychologist	100.00	100.	00		
05/04/18	John Hamilton	☑IND □COM □OTH □PTY □SCC	Self Employed Investor	1,100.00	1,100.	00		
			SUBTOTAL S	1,900.00				

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Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole d	to whole donars.		ers period 2018	FORM 460		
				through 06/3	0/2018	Page _	12 of 35	
NAME OF FILER						I.D. NU	MBÉR	
Brenner for	City Council, 2018					14000	68	
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)	
05/04/18	05/04/18 Debra Allen		Retireed	250.00	250.	00		
05/04/18	Laurie Preedge	☑IND □COM □OTH □PTY □SCC	Self Employed Real Estate Agent	100.00	100.	00		
05/04/18	David Goff	IND COM OTH PTY	Owner Comparing Companions	250.00	250.	00		
05/04/18	Sandra Sperry Avres	DIND COM OTH PTY SCC	Retired	500.00	500.	00		
05/05/18	Cynthia Succa, TT	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.	00		
			SUBTOTAL S	1,200.00		<del> </del>		

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Amounts may be rounded

SCHEDULE A (CONT.)

Monetary	lonetary Contributions Received		ioliars.	Statement cov	california 460 form			
				through 06/3	0/2018	Page .	13 of _	35
NAME OF FILER						I.D. NU	IMBER	
Brenner for	City Council, 2018					14000	)68	
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 ELE TO D (IF REQI	ATE
05/05/18	Michael Palmer	☑IND □COM □OTH □PTY □SCC	Self Employed Agricultural	100.00	100.	00		
05/06/18	Thomas Peckenpaugh	☑IND □COM □OTH □PTY □SCC	Self Employed Attorney	500.00	500.	00		
05/07/18	Douglas Salisbury	☑IND □COM □OTH □PTY □SCC	Seif Employed Developer	300.00	300.	00		
05/08/18	Jill Ayers	☑IND □COM □OTH □PTY □SCC	Retired	250.00	250.	00		
05/09/18	Vicki Cuberio	IND COM OTH PTY SCC	Retired	200.00	300.	00		
			SUBTOTAL S	1,350.00				

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Amounts may be rounded

SCHEDULE A (CONT)

Monetary	Contributions Received	to whole d	Iollars.	Statement coverage 1/01/2	•	california 460		
				through 06/30/2018		Page	14 of 35	
NAME OF FILER				· · · · · · · · · · · · · · · · · · ·	·····	I.D. NUM	IBER	
Brenner for	City Council, 2018					140006	88	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
05/10/18	Mary Peikert	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	400.00	400.	00		
05/12/18	Rae Cohen	☐IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00	100.	00		
05/14/18	Line in the Sand	☐IND ☐COM ☐OTH ☐PTY ☐SCC	PAC	1,100.00	1,100.	00		
05/16/18	Michael Henn	DIND COM OTH PTY SCC	Self Employed Consultant	1,100.00	1,100.	00		
05/16/18	Diane Mondini	ZIND COM OTH PTY SCC	President Caring Companions	100.00	100.	00		
			SUBTOTAL	\$ 2.800.00				

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

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIEODNIA ACO

Statement covers period

-			j	from1/01/	/2018		ORM 46U
				through06/3	0/2018	Page _	15 of 35
NAME OF FILER					·	I.D. NU	MBER
Brenner for	City Council, 2018					1400068	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LO. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
05/17/18	Barbara Glabman	☑IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.0	00	
05/17/18	Teri Elliott	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.0	00	
05/18/18	Judy and Jack Perry	☑IND □COM □OTH □PTY □SCC	Retired	500.00	500.0	0	
05/18/18	Michael Pilsitz	ØIND □ COM □ OTH □ PTY □ SCC	Retired	250.00	250.0	0	
05/19/18	Ed Hennings	☑IND □COM □OTH □PTY □SCC	Retired	250.00	250.0	0	
			SUBTOTAL \$	1,200.00			

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Contributions Received	to milota a		from1/01/.	•	FORM 460		
				through06/3	0/2018	Page	16 of 35	
NAME OF FILER					V T	I.D. NU	MBER	
Brenner for	City Council, 2018					14000	68	
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)	
5/21/18	Patricia O'Donnell	MIND COM OTH PTY SCC	Retired	250.00	250.	00		
5/21/18	Valaree Wahler	DIND COM OTH PTY SCC	Self Employed, Sales Regenix	500.00	500.	00		
5/23/18	Pam Howard	☑IND □COM □OTH □PTY □SCC	Retired	550.00	550.	00		
5/23/18	Sharon Wohi	DIND COM OTH PTY SCC	Retired	500.00	500.	00		
5/23/18	Karen Linden	DIND COM OTH PTY SCC	Retired	300.00	300.	00		
			SUBTOTAL	\$ 2,100.00				

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OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole d	ollars.	Statement cov	2018	california 460		
				through06/3	0/2018	Page _	17 of 35	
NAME OF FILER Brenner for	City Council, 2018					1.D. NUMBER 1400068		
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)	
5/25/18	Christine McKinley	IND   COM   OTH   PTY   SCC	Retired	100.00	100.	00		
5/25/18	Donald R. Beail	☑ IND □ COM □ OTH □ PTY □ SCC	Retired Chman	250.00	250	00		
5/29/18	Barbara Northcutt, TT	☑IND □COM □OTH □PTY □SCC	Retired	1,100.00	1,100.	00		
5/30/18	Linda Campbell	DIND COM OTH PTY SCC	Retired	500.00	500.	00		
6/1/18	Judy Mertz	DIND COM OTH PTY SCC	Retired	100.00	100.	00		
			SUBTOTAL	\$ 2,050.00				

\*Contributor Codes

IND - Individual

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PTY - Political Party

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole dollars.  Statement covers period  from 1/01/2018  through 06/30/2018				FORM 460		
NAME OF FILER	01.0				I.D. NUMBER			
Brenner to	City Council, 2018	<del>,</del>		, , , , , , , , , , , , , , , , , , ,		14000	68	
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 ELE TO D/ (IF REQL	ATE
6/1/18	Charles Fancher	ØIND □COM □OTH □PTY □SCC	Self Employed Real Estate	100.00	100.	00		
6/2/18	Pamela Hoffman	☑IND □COM □OTH □PTY □SCC	Retired	250.00	250.	00		
6/5/18	Karin Krogius, TTE	☑IND □COM □OTH □PTY □SCC	Retired	250.00	250.	00		
6/6/18	Colleen Manchester	☑IND □COM □OTH □PTY □SCC	Retired	550.00	550.	00		
6/6/18	Barbara Blasé	ØIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250.00	250.	00		
			SUBTOTAL	\$ 1,400.00				

\*Contributor Codes

IND - Individual COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT)

CALIFORNIA ACO

Statement covers period

					2018	FORM 40U	
				through06/3	0/2018	Page	19 of 35
NAME OF FILER Brenner for	City Council, 2018					1.D NUM 140006	
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 BUBINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
6/6/18	Tony French	☑IND □COM □OTH □PTY □SCC	Retired	250.00	250.	00	
6/6/18	John Petry	IND COM OTH PTY SCC	Retired	250.00	250.	00	
6/6/18	David Wooten	☑IND □COM □OTH □PTY □SCC	Retired	250.00	250.	00	
6/7/18	Vince McGuinness, TTE	DIND COM OTH PTY SCC	Retired	1,100.00	1,100.	00	
6/9/18	Pat Zartner	☑IND □COM □OTH □PTY □SCC	Retired	150.00	150.	00	
gar after a produce the control of t			SUBTOTAL	\$ 2,000.00			

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IND - Individual

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

PTY -- Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

**FORM** 

Statement covers period

from\_

1/01/2018

			through06/3	0/2018	_	20 of 35		
NAME OF FILER  Brenner for	City Council, 2018					1.D. NUI 14000		
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.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
6/10/18	Kimberly Yourman, TTE	☑IND □COM □OTH □PTY □SCC	Retired	500.00	500.00			
6/12/18	Christin Ellis	☑IND □COM □OTH □PTY □SCC	Retired	250.00	250.0	00		
6/15/18	Sheila Koff	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.0	00		
6/15/18	Karen Clark	☑IND □COM □OTH □PTY □SCC	Retired	1,100.00	1,100.0	00		
6/15/18	Patricia Nichols	☑IND □COM □OTH □PTY □SCC	Retired (See Sched E for \$150 Refund), page 30/35	1,000.00	1,100.0	00		
			SUBTOTAL	\$ 2,950.00				

\*Contributor Codes

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(other than PTY or SCC)
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PTY - Political Party

Amounts may be rounded

SCHEDULE A (CONT.)

-	Contributions Received	to whole d	lollars.	Statement cov from 1/01/ through 06/3		IFORNIA ORM 21 of	460 35	
NAME OF FILER	01. 0						MBER	
Brenner for	City Council, 2018	<del>,</del>		,		14000	068	
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	TO	ECTION DATE QUIRED)
6/17/18	Michael Smith	☑IND □ COM □ OTH □ PTY □ SCC	Retired	900.00	900.	00		
6/18/18	Pamela Gilmour	ØIND □ COM □ OTH □ PTY □ SCC	Retired	250.00	250.	00		
6/19/18	Vicki Cubeiro, TTE	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	200.00	500.0	00		
6/20/18	Victoria Collins	ØIND □ COM □ OTH □ PTY □ SCC	Retired	550.00	550.0	00		
6/20/18	Aviva Forster	☑IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.0	00		
			SUBTOTAL \$	2,000.00				

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SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole d	to whole dollars.  Statemen  from1				ORM 46	60
				through06/3	0/2018	Page _	22 of 35	
NAME OF FILER Brenner for	City Council, 2018					1.D. NU 14000		
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 YI (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRE)	
6/24/18	Carl Swain	☑IND □ COM □ OTH □ PTY □ SCC	Self Employed R/E Broker	1,100.00	1,100.	00		
6/25/18	Gloria Alkire	DIND COM OTH PTY SCC	Retired	250.00	250.0	00		
6/25/18	JoAnn Kenton	IND COM OTH SCC	Retired	100.00	100.4	00		
6/27/18	Carol Crane	DIND COM OTH PTY SCC	Retired	100.00	100.	00		
6/27/18	Donna Clark	☑IND □COM □OTH □PTY □SCC	Retired	1,000.00	1,000.	00		
			SUBTOTAL S	2,550.00				

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(other than PTY or SCC)
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PTY - Political Party

Amounts may be rounded

SCHEDULE A (CONT.)

-	Contributions Received	to whole d	ollars.	from 1/01/2	•	CALI F( Page _	FORNIA ZORM	
NAME OF FILER	City Coursell 2049					I.D. NU		
Dieimer for	City Council, 2018	,				14000	68	
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 ELEC TO DA (IF REQU	TE
6/27/18	H Scott Paulsen	☑IND □COM □OTH □PTY □SCC	Retired	500.00	500.	00		-
6/27/18	Jean Wegener	DIND COM OTH PTY SCC	Exec Director SPIN	100.00	100.	00		
6/27/18	Pamela Phillips	☑IND □COM □OTH □PTY □SCC	Retired	200.00	200.	00		
6/28/18	Barbara Shelton	DIND COM OTH PTY SCC	Retired	100.00	100.	.00		
6/28/18	Nancy Smith	☑IND □COM □OTH □PTY □SCC	Retired	200.00	200	.00		
			SUBTOTAL	\$ 1,100.00				

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OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	onetary Contributions Received to whole dollars.  Statement covers period from 1/01/2018		CALIFORNIA				
				through 06/3	0/2018	Pago_	24 of 35
Brenner for	City Council, 2018					1.0 NU 14000	
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)
6/28/18	Tully Seymour	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.	00	
6/29/18	Lorian Petry	☑IND □COM □OTH □PTY □SCC	Financial Planner CentriPlan	250.00	250.	00	
6/29/18	Phoebe Loos	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.	00	
6/30/18	Carol Boise	ØIND □ COM □ OTH □ PTY □ SCC	Retired	350.00	350.	00	
6/30/18	Maureen McCarthy	☑IND □COM □OTH □PTY □SCC	Retired	250.00	250.	00	
			SUBTOTAL S	1,050.00			

\*Contributor Codes

IND - Individual

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

PTY - Political Party

Colondula D. David	Am	Amounts may be rounded				SCHEDULE B - PA			
Schedule B – Part 1 Loans Received	to whole dollars.				Statement coverage 1/01	ers period /2018	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE through						30/2018	Page 25	of 35	
NAME OF FILER	**************************************						I.D. NUMBER		
Brenner for City Council, 2018							1400068		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER OF COMMITTEE, ALSO ENTER LD NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	CLOSE OF THIS	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Clyda Joy Brenner 615 1/2 Marguerite Avenue Newport Beach, CA 92625	Retired, Candidate			PAID  S 0.00  FORGIVEN	s 22,000	0.00 % RATE	\$ 20,000	S 22.000 PER ELECTION	
TO THE COM OTH PTY SCC		ş <u>2,000.00</u>	\$20,000.00	\$ 0.00	12/31/18 DATE DUE	s0.00	06/15/18 DATE INCURRED	\$	
				\$ FORGIVEN	\$	% RATE	\$	SPER ELECTION**	
I IND □ COM □ OTH □ PTY □ SCC		\$	s	<b>s</b>	DATE DUE	\$	DATE INCURRED	\$	
				☐ PAID				CALENDAR YEAR	
				FORGIVEN	S are the control of the second	RATE	\$	PER ELECTION**	
T IND COM OTH PTY SCC		\$	\$	<b>\$</b> ,	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS \$	20,000 \$	0.00	\$ 22,000	\$ 0.00			
Schedule B Summary						(Enter (a) on Schadule E, Line 3			
<ol> <li>Loans received this period</li></ol>	s of less than \$100 \			\$	20,000				
<ol> <li>Loans paid or forgiven this period</li> <li>(Total Column (c) plus loans under \$10</li> <li>(Include loans paid by a third party that</li> </ol>	0 paid or forgiven.)		·····	\$	0.00	11 C	TH - Other (e.g.,	ommittee PTY or SCC) business entity)	
<ol> <li>Net change this period. (Subtract Line Enter the net here and on the Summar</li> </ol>	e 2 from Line 1.)y Page, Column A, Line 2.	***************************************		•	20,000 ay be 11 negalive number)		TY – Political Part CC – Small Contri		

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

\*\* If required.

SEE INSTRUCTIONS ON REVERSE  Brenner for City Council, 2018    DATE RECEIVED   FULL NAME, STREET ADDRESS AND ZIP COOD OF COOTHIBUTOR (CODE * COOTH NAME OF BUSINESS)   CONTRIBUTOR (COOTH NAME OF BUSINESS)   COOTH NAME OF BUSINESS   COOTH NAME OF BUS	Schedul Nonmon	e C letary Contributions Received		Amounts may be rounded to whole dollars.		froi	Statement covers			SCHEDULE OF STRING 1980
Brenner for City Council, 2018    Date   Council   Counc			STATE CONTROL OF THE			thre	ough06/30/2	018	Page	26 of 35
RECEIVED    ZIP CODE OF CONTRIBUTOR   CODE **   COUPATION NO BEMILDER   GOODS OR SERVICES   FAIR MARKET   CALENDAR YEAR (JAN 1 - DEC 31)	Brenner f	or City Council, 2018								
COM		ZIP CODE OF CONTRIBUTOR		OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER			FAIR MARKET	DAT CALENDA	E R YEAR	TO DATE
COM	1/25-6/15	Lynn Swain	□ COM □ OTH □ PTY	Retired	Campaign Mate		1,047.94	10	75.95	
4/5/18	4/10/18	Dennis Eubanks	□ COM □ OTH □ PTY	Retired	Promotional		435.00	•	435.00	
5/17/18	4/5/18	Christine White	□ COM □ OTH □ PTY	Admin, Kiley Co.		oute	235.97	2	235.97	
Attach additional information on appropriately labeled continuation sheets.  SUBTOTAL \$ 1,868.91	5/17/18	T & H Graphics	□ COM ☑ OTH □ PTY		Campaign Print	ing	150.00	1	50.00	
	Attach add	litional information on appropriately labeled	continuation	sheets.	SUBTO	TAL:	\$ 1,868.91			

#### Schedule C Summary

1.	Amount received this period – itemized nonmonetary contributions.  (Include all Schedule C subtotals.)\$	Page 27
2.	Amount received this period – unitemized nonmonetary contributions of less than \$100\$	
	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 \$	Page 27

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Schedul	e C		Amounts may be rounded						SCHEDULE (
Nonmor	netary Contributions Received		to whole dollars,		St from	atement covers 1/01/201		CALIF FO	ORNIA 160
	TIONS ON REVERSE				throu	gh06/30/2	018	Page	27_ of35
Brenner (	for City Council, 2018							1.D. NUME	
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 ( GOODS OR SERVI		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 - I	re R year	PER ELECTION TO DATE (IF REQUIRED)
5/12/18	Jeff & Sally Herdman	☑ IND □ COM □ OTH □ PTY □ SCC	Sally - Retired Jeff - Councilman Newport Beach, CA 92662	Fundraiser food and beverage		317.00		417.00	
5/23/18	Jan Landstrom	☑IND □COM □OTH □PTY □SCC	Retired	Fundraiser food and beverage		100.00		650.00	
5/23/18	Pam Howard	☑IND □COM □OTH □PTY □SCC	Retired	Fundraiser food and beverage		150.00		700.00	
6/27/18	Nicole Reynolds	IND   COM   OTH   PTY   SCC	Retired	Fundraiser food and beverage		204.00		704.00	
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$	771.00			
1. Amount	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.)				\$	2,639.91	IND	ntributor Co Individua 1 Recipie	
	received this period – unitemized nonmone					63.35		l – Other (e	nan PTY or SCC) .g., business entity)
3. Total noi (Add Lin	nmonetary contributions received this period es 1 and 2. Enter here and on the Summar	d. y Page, Colur	mn A, Lines 4 and 10.)	ТОТА	L \$	2,703.26	SCO	– Political – Small C	Party ontributor Committee

Cabadula E	marinta mari ha narradad		SCHEDULE
Schedule E A Payments Made	mounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460
rayments made		from 01/01/2018	FORM TOU
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Brenner for City Council, 2018		through 06/30/2018	Page 28 of 35
	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting)	herwise, describe the payment.  RAD radio airtime and production correturned contributions  SAL campaign workers' salaries  TEL t.v. or cable airtime and product  TRC candidate travel, lodging, and more staff/spouse travel, lodging, and transfer between committees of voter registration  WEB information technology costs (in	tion costs neals I meals I the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CODE OR I	DESCRIPTION OF PAYMENT	AMOUNT PAID
Richard Weaver, Campaign Treasurer 202 Nata Newport Beach, CA 92660	PRO		250.00
Charn Pennewaert Printing 2603 Main Street, # 1000 Irvine, CA 92614	LIT		195.00
Carolyn Leedom, Photographer	PRO		150.00
Payments that are contributions or independent expenditures must also be summ	narized on Schedule D.	SUB	TOTAL\$ 595.00
Schedule E Summary			
Itemized payments made this period. (Include all Schedule E su	ubtotals.)		9,732.45
2. Unitemized payments made this period of under \$100	•		0.00
3. Total interest paid this period on loans. (Enter amount from Sch	edule B, Part 1, Column (e).)		\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter			40 000 00

Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Brenner for City Council, 2018	Amounts may b to whole do			Statement covers from01/01/20 through06/30/2	period CALIFO	29 of 35
CODES: If one of the following codes accurately described CMP campaign paraphemalia/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 expen- PET petition circu PHO phone banks POL polling end s POS postage, del	nmunications d appearance: ses llating s survey researc ívery and mes	5	RAD radio airtime ani RFD returned contrib SAL campaign works TEL tv. or cable airti TRC candidate travel TRS staff/spouse trav TSF transfer between	d production costs utions utions utions utions utions utions utions utions ution uti	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR C	ESCRIPTION OF PAYMENT	9	AMOUNT PAID
PayPal Paypal.com		OFC		ontribution service and pu eaders for fundraising eve	i i	278.96
T&H Graphics 2249 Wheaton Ct Santa Rosa, CA 95403		LIT				150 00
Newsong Group, LTD 1458 N. Hundley St. Anaheim, CA 92806		LIT				1.740.16
Instigate, LLC 3801 SE Morrison St #10 Portland, OR 97214		WEB				2,090.00
Speedy Buttons Plainview, MN Speedybuttons.com		СМР				178.30
* Payments that are contributions or independent expenditures must also be	e summarized on Sch	edule D.			SUBTOTAL S	4,437,42

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

Amounts may be rounded to whole dollars.

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Statement covers period	CALIFORNIA 160
from01/01/2018	FORM 400
through 06/30/2018	Page of35
	I.D. NUMBER
	1400068

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brenner for City Council, 2018

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs MTG meetings and appearances CNS campaign consultants 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 TRS staff/spouse travel, lodging, and meals POL polling and survey research IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor legal defense LEG 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Patricia Nichols Shoal Drive Newport Beach, CA	RFD	Refund of contribution	150.00
Zov's Restaurant 17440 E. 17th Street Tustin, CA 92780	FND		102.93
Vista Print Vistaprint.com	CMP		268.52
Copy4Less 2540 Main Street Irvine, CA 92614	LIT		3,587.27
Netbrands Media, Corp www,netbrandscorp.com	WEB		341.31
* Payments that are contributions or independent expenditures must also be summarized on Sche	dule D.	SUBTOTAL	\$ 4,450.03

Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Brenner for City Council, 2018  CODES: If one of the following codes accurately describes the payment, you	ou may enter the code. Ot	• •	SCHEDULE E (CONT CALIFORNIA 460 FORM 35  Page 31 of 35  I.D. NUMBER 1400068
IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and maikings  POS postage, define PRO professional supporting/opposing others (explain)* PRT print ads	appearances es ating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, TSF transfer between committees VOT voter registration WEB information technology costs	fuction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR I	DESCRIPTION OF PAYMENT	AMOUNT PAID
Oasis Senior Citizens Center 801 Narcissus Avenue Newport Beach, CA 92625	CVC Event Sponsors		250.00
* Payments that are contributions or independent expenditures must also be summarized on Scheo	lule D.	SL	JBTOTAL \$ 250.00

# Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

| Statement covers period | 1/01/2018 | CALIFORNIA | 460 | FORM | SCHEDULE G | CALIFORNIA | 460 | FORM | FORM | 1/01/2018 | FORM | 1/01/2018 | FORM | 1/01/2018 | FORM | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/2018 | 1/01/

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Brenner for City Council, 2018

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bank of America, P.O.Box 25118, Tampa, FI 33622

Card # XXXX-XXXX-XXXX-X477

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Zov's Restaurant 17440 E 17th Street Tustin, CA 92780	FND	Fundraising Food/Beverage	102.93
Vista Print vistaprint.com	СМР	Print campaign materials	268.52
Pay Pal paypal.com	OFC	Purchase card readers	273.07
Copy4Less 3930 Campus Drive Newport Beach, Ca 92660	LIT	Print campaign materials	3,587.27

Attach additional information on appropriately labeled continuation sheets.

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

TOTAL\* \$

4,231.79

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

# Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

I.D. NUMBER

1400068

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Brenner for City Council, 2018

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bank of America, P.O.Box 25118, Tampa, FI 33622

Card # XXXX-XXXX-XXXX-X477

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/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 t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks candidate travel, lodging, and meals FND 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 transfer between committees of the same candidate/sponsor 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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	AMOUNT PAID	
Netbrands Media, Corp www.netbrandscorp.com	WEB		341.31
Oasis Senior Center 801 Narcissus Avenue Newport Beach, CA 92625	cvc	Event Sponsorship	250.00
Campaign Expenses under \$100.00 Aggregated		Miscellaneous Campaign Expenses under \$100.00 Bank and Paypal fees, Fundraising meals/refreshments Publications	683.63

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

1,274.94

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from1/01/2018	california 460
SEE INSTRUCTIONS ON REVERSE		through06/30/2018	Page of35
NAME OF FILER			I.D. NUMBER
Brenner for City Council, 2018			1400068
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
Paypal			
CODES: If one of the following codes accurately describes	the payment, you may enter the code. Oth	herwise, describe the payment.	
CMP campaign paraphernalia/mlsc.	MBR member communications	RAD radio airtime and production co	sts

COL	If one of the following codes accurately describe	s 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	RFD	returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
	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)*	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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Carolyn Leedom, Photographer	PRO		150.00
Paypal Service Fees, under \$100.00, Aggrigated	OFC		155.89

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

305.89

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		nts may be whole do		Stat	tement covers period 1/01/2018	CALIFO	
SEE INSTRUCTIONS ON REVERSE				through	h06/30/2018	Page3	35 of
NAME OF FILER Brenner for City Council, 2018  NAME OF AGENT OR INDEPENDENT CONTRACTOR  Lynn Swain, 7 Rue Marseille, Newport Beach, CA 92660						1.D. NUMB 1400068	
CODES: If one of the following codes accurately describes  CMP campaign paraphemalia/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  * Payments that are contributions or independent expenditures must also be seen and campaign.	MBR member co MTG meetings al OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	mmunication dispenses sulating ks survey reselivery and al services of the ser	ons ances	RAD rad RFD retu SAL can TEL t.v. TRC can TRS staf TSF tran VOT vote	escribe the payment.  Ilio airtime and production courned contributions mpaign workers' salaries or cable airtime and product ndidate travel, lodging, and n ff/spouse travel, lodging, and safer between committees of er registration ormation technology costs (in	tion costs neals d meals f the same o	•
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD NUMBER)		CODE	OR	DESCRIPTION OF	PAYMENT		AMOUNT PAID
Speedy Buttons						halis shi da dheen da an ee ka saadh na a	

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Speedy Buttons Plainview, MN www.Speedybuttons.com	СМР		178.30
29	- Alaka		
Attach additional information on appropriately labeled continuation sheets.		TOT	AL* \$ 178.30

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.