

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Brenner for City Council, 2018 Newport Beach, CA District 6			Date of This Filing 10/8/18	<p style="text-align: center;">RECEIVED</p> <p>Date Stamp 2018 OCT -8 AM</p> <p style="text-align: center;">OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH</p> <p style="text-align: center;">EMailed 10.7.18 @ 10:50 pm</p>	<p style="text-align: center;"><b>CALIFORNIA FORM 497</b></p> <p>For Official Use Only</p>
AREA CODE/PHONE NUMBER (949) 200-9993	I.D. NUMBER (if applicable) 1400068		Report No. 5		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Newport Beach	STATE CA	ZIP CODE 92625	No. of Pages 1		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/6/18	Lorellen Green Newport Beach, CA 92657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Caremore	1,100.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

**\*\*Contributor Codes**

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