

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 10/10/18	<div style="text-align: center;">RECEIVED</div> <div style="text-align: center;">Date Stamp 2018 OCT 11 PM</div> <div style="text-align: center;">OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH</div>	<div style="text-align: center;">CALIFORNIA FORM 497</div> <div style="text-align: center;">For Official Use Only</div>
AREA CODE/PHONE NUMBER (949) 200-9993	I.D. NUMBER (if applicable) 1400068	Report No. 6			
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
10/10/18	Linda Beimfohr Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/Consultant Hornblower Cruises	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