497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
Berenner for City Council, 2018 Newport Beach, CA District 6

AREA CODE/PHONE NUMBER
(949) 200-9993

I.D. NUMBER (if applicable)
1400068

STREET ADDRESS

CITY
Newport Beach

STATE
CA

ZIP CODE
92625

Date of This Filing
10/15/18

Report No.
8

 Amendment
No. of Pages
1

No. of Pages


CALIFORNIA FORM 497
For Official Use Only

ROUO VIA
EMAIL
10/15/18

1. Contribution(s) Received

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/15/18</td>
<td>Charles Turner, MD Newport Beach, CA 92663</td>
<td>☑ IND</td>
<td>Retired</td>
<td>1,100.00</td>
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<td>10/15/18</td>
<td>Suzanne Turner Newport Beach, CA 92663</td>
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**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

Reason for Amendment: ________________________________________________________________

FPPC Form 497 (Jul/2015)
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www.fppc.ca.gov