

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 10/26/18	Date Stamp Received via email 10/26/18	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 200-9993	I.D. NUMBER (if applicable) 1400068	Report No. 12			
STREET ADDRESS 615 1/2 Marguerite Avenue		<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 <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/26/18	Bob Newman 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	1,100.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>

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