Recipient Committee COVER PAGE Campaign Statement CALIFORNIA **Cover Page FORM** Statement covers period Date of election if applicable: (Month, Day, Year) 09/23/2018 from 10/20/2018 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 State Candidate Election Committee Committee Semi-annual Statement ☐ Special Odd-Year Report O Recall O Controlled Termination Statement (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) General Purpose Committee ✓ Amendment (Explain below) Sponsored Primarily Formed Candidate/ One skipped contribution added and typo fixed O Small Contributor Committee Officeholder Committee (Also Complete Part 7) 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

CITY

N/A

Newport Beach

NAME OF ASSISTANT TREASURER, IF ANY

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS N/A CITY STATE ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE 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 k and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and c Executed on Executed on Signature of Contro

AREA CODE/PHONE

949-200-9993

STREET ADDRESS (NO P.O. BOX)

Newport Beach

Executed on

Executed on _

STATE

CA

ZIP CODE

92625

CITY

STATE

CA

ZIP CODE

92660

AREA CODE/PHONE

949-278-2437

Recipient Committee Campaign Statement Cover Page — Part 2

	COVE	R PA	GE - PART 2
CALII FC	FORN DRM	AII	460
Page _	2	_ of	16

							
. Officeholder or Candidate Controlled	Committee	6.	Primarily Formed Ballo	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Clyda "Joy" Brenner			N/A				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	I	SUPPORT
Newport Beach, CA City Council D							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STRE	ET) CITY STATE ZIP						
	Newport Beach, CA 92625		Identify the controlling office	eholder, cand	idate, or state m	easure prop	onent, if any.
			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PE	ROPONENT	***	
Related Committees Not Included in t	his Statement: List any committees						
not included in this statement that are controlled	by you or are primarlly formed to receive		OFFICE SOUGHT OR HELD		[DISTRICT NO. I	FANY
contributions or make expenditures on behalf of	our candidacy.						
COMMITTEE NAME	I.D. NUMBER					<u> </u>	
N/A							
		7	Drimorily Formed Con-	الماسة - المحدة -	a a la	144	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cana officeholder(s) or candidate(s)	idate/Offic	enolder Com s committee is pr	imittee Lis imarily forme	st names of d.
	YES NO						
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT
							OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGH	JT OB HELD	
				,	OF FICE SOUGH	11 OK HELD	☐ SUPPORT
COMMITTEE NAME	I.D. NUMBER						OPPOSE
	I.D. ROWDER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGH	HT OR HELD	
							SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR O	ANDIDATE	055105.05		
	☐ YES ☐ NO		NAME OF OFFICEHOLDER OR C	ANDIDALE	OFFICE SOUGH	HI OR HELD	☐ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (, 						OPPOSE
	•						
CITY STATE	ZIP CODE AREA CODE/PHONE		2 44.	-641			
			Atta	on continuati	on sheets if nec	essary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

Summary Page		from _				ement covers period 09/23/18	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				1	through.	10/20/18	Page 3 of 16		
NAME OF FILER Brenner for City Council, 2018			7.971				I.D. NUMBER 1400068		
Contributions Received	(Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	R	Running in Both th	nmary for Candidates ne State Primary and		
1. Monetary Contributions Schedule A, Line 3	\$	17,304.00	\$	74,12	8.01	General Elections			
2. Loans Received	•	-22,000.00	•	-22,00	00.00	1/1 (through 6/30 7/1 to Date		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	-4,696.00	\$	52,12	8.01	20. Contributions Received \$	\$		
4. Nonmonetary Contributions Schedule C, Line 3		1,144.43		4,02	8.69	21. Expenditures	5		
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	-3,551.57	\$	56,15	6.70	Made \$	\$		
Expenditures Made		* · · · · · · · · · · · · · · · · · · ·				Evnenditure Limit	Summary for State		
6. Payments Made Schedule E, Line 4	\$	23,823.50	\$	42,69	4.68	Candidates	Summary for State		
7. Loans Made Schedule H, Line 3		0.00			0.00				
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	23,823.50	\$	42,69	4.68	22. Cumulati	ive Expenditures Made* > Voluntary Expenditure Limit)		
9. Accrued Expenses (Unpaid Bills)		0.00			0.00	Date of Election	Total to Date		
10. Nonmonetary Adjustment		0.00			0.00	(mm/dd/yy)	rotal to Date		
11. TOTAL EXPENDITURES MADE	\$	23,823.50	\$	42,694	4.68		\$		
Current Cash Statement					•	//	\$		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	56,123.24		nataulete Caluma	n				
13. Cash Receipts Column A, Line 3 above		-4,696		calculate Column d amounts in Colu					
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00		to the correspondir		*Amounts in this section	may be different from amounts		
15. Cash Payments Column A, Line 8 above		23,823.50	of	your last report. S	Some	reported in Column B.			
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	27,603.74		nounts in Column A negative figures th					
If this is a termination statement, Line 16 must be zero.			she pre	ould be subtracted evious period amou	from unts. If				
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	file	s is the first report ed for this calendar ly carry over the ar	year,				
Cash Equivalents and Outstanding Debts			fro	m Lines 2, 7, and 9					
18. Cash Equivalents See instructions on reverse	\$	0.00	an	у).					
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00					FPPC Form 460 (Jan/2016)		
						FPPC Advice: adv	rrec Form 460 (Jan/2016) rice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov		

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars

SCHEDULE A

Monetary	Contributions Received	το	o wnole dollars.	тот	3/2018		OT CIVI	460
SEE INSTRUCTION	ONS ON REVERSE			through10/	20/2018	Page	of .	16
	or City Council, 2018					I.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 ELE TO DA (IF REQU	ATE
9/23/18	Jennifer McDonald Newport Beach, CA 92660	☑ IND □ COM □ OTH □ PTY □ SCC	Self Employed Writer	100.00	100.	00		100.00
9/23/18	Peggy Hovt Newport Beach, CA	ZIND COM OTH PTY	Retired	100.00	100.00			100.00
9/24/18	Cheryl Fischer Newport Beach, CA 92625	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.	00		100.00
9/27/18	Elizabeth Torelli Newport Beach, CA 92625	IND COM OTH PTY	Retired	100.00	100.0	00	74.7	100.00
9/28/18	Caroline Logan Newport Beach, CA 92625	☑IND □COM □OTH □PTY □SCC	Retired	250.00	250.0	00		250.00
			SUBTOTAL \$	650.00				
. Amount re	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)		·····.\$	16,730.00	IND -		al ent Committee	
	ceived this period – unitemized monetary contribution			574.00	отн-	- Öther (than PTY or S e.g., business	
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	umn A, Line 1	.)TOTAL \$	17,304.00		- Political - Small (Party Contributor Co	mmittee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole	dollars.	Statement covers period from09/23/2018		CALI F(FORNIA 460			
NAME OF FILER				through10/2	0/2018	Page _	5 of 16			
	City Council, 2018			1.D. NU						
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)			
10/2/18	Caroline Logan Newport Beach, CA 92625	☑IND □ COM □ OTH □ PTY □ SCC	Retired	250.00	500.	00	500.00			
10/2/18	Caroline Logan Newport Beach, CA 92625	☑IND □COM □OTH □PTY □SCC	Retired	500.00	1,000.	00	1,000.00			
10/3/18	Derek Ostensen Laguna Beach, CA 92651	☑ IND □ COM □ OTH □ PTY □ SCC	Self Employed Real Estate Consultant	1,100.00	1,100.	00	1,100.00			
10/3/18	Natalia Ostensen Laguna Beach, CA 92651	☑ IND □ COM □ OTH □ PTY □ SCC	Asset Manager Realty Services, Inc	1,100.00	1,100.	00	1,100.00			
	Left Intentionally Blank	☐IND ☐COM ☐OTH ☐PTY ☐SCC								
	SUBTOTAL \$ 2,950.00									

*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

Amounts may be rounded to whole dollars.

		SCHEDULE A (CONT.)
State	ement covers period	CALIFORNIA ACO
from	09/23/2018	CALIFORNIA 460
through	10/20/2018	Page 6 of 16
		I.D. NUMBER

Brenner for	r City Council, 2018				1.D. N 1400	UMBER 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)
10/6/18	Lorellen Green Newport Bch, CA 92657	☑IND □COM □OTH □PTY □SCC	Physician, Caremore	1,100.00	1,100.00	1,100.00
10/07/18	Marilyn Salisbury Newport Beach, CA 92625	IND COM OTH PTY	Retired	100.00	100.00	100.00
10/08/18	Nancy Pederson Newport Bch, CA 92663	IND COM OTH PTY	Retired	100.00	100.00	100.00
10/03/18	Petros for Citv Council Newport Beach, CA 92663	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Committee # 1376927	500.00	500.00	500.00
10/04/18	Steven Wheeler Newport Bch, CA 92663	☑IND □ COM □ OTH □ PTY □ SCC	Retired	500.00	500.00	500.00
			SUBTOTAL \$	2,300.00		

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NAME OF ELLER

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(other than PTY or SCC)

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetal y	Contributions Received	to whole (oonars.	Statement cov from09/23	· 1		FORNIA ORM	460
				through10/2	0/2018	Page_	7 of	16
NAME OF FILER				· · · · · · · · · · · · · · · · · · ·		I.D. NL	IMBER	
Brenner for	Brenner for City Council, 2018							
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	TO	LECTION DATE QUIRED)
10/3/18	David Follett Newport Bch, CA 92661	☑IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.6	00		100.00
10/3/18	Denys Oberman Newport Bch, CA 92661	☑IND □ COM □ OTH □ PTY □ SCC	Retired	250.00	250.0	00		250.00
10/8/18	John Scudder Newport Bch, CA 92662	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	250.00	250.0	00		250.00
10/10/18	Linda Beimfohr Newport Bch, CA 92660	☑IND □ COM □ OTH □ PTY □ SCC	Retired, Consultant Hornblower Cruises	1,100.00	1,100.0	00		1,100.00
10/10/18	Mike Henderson Newport Bch, CA 92660	☑IND □COM □OTH □PTY □SCC	Mortgage Broker Sunwest	100.00	100.0	00		100.00
			SUBTOTAL \$	1,800.00				

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(other than PTY or SCC)
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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

				from09/2	•		FORNIA 460
				through10/	20/18	Page _	8 of 16
NAME OF FILER		·			·	1	JMBER
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)
10/10/18	Kathleen Harrison Newport Bch, CA 92660	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.	00	100.00
10/10/18	Debra Stevens Newport Bch, CA 92625	☑IND □ COM □ OTH □ PTY □ SCC	Consultant Environmental Auditor	550.00	550.00		550.00
10/10/18	Antoine Khoury Newport Bch, CA 92658	☑IND □COM □OTH □PTY □SCC	Self Employed A.K. Internatioinal	100.00	100.	00	100.00
10/11/18	J Robert Egan Newport Bch, CA 92660	☑IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.	00	100.00
10/12/18	Mary Deininger Newport Bch, CA 92660	☑IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.0	00	100.00
			SUBTOTAL S	950.00			

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(other than PTY or SCC)
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Amounts may be rounded to whole dollars.

SCHEDU	LEA	(CONT.)
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Statement covers period

Monetary	Contributions Received	to whole (uonars.	Statement cov from09/2	-	CALI F	FORNIA ORM	460		
WANT OF THE				through10/	20/18	Page_	9 of_	16		
	NAME OF FILER Brenner for City Council, 2018									
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 REQ	ATE		
10/13/18	Eileen Padberg Laguna Niguel, CA 92677	☑IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.	00		100.00		
10/13/18	Mary Jane Edalatpour Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Self Employed Agriculture	100.00	100.00		100.00			100.00
10/13/18	Karen Carlson Newport Beach, CA 92625	☑IND □ COM □ OTH □ PTY □ SCC	Retired	250.00	250.	00		250.00		
10/15/18	Charles Turner, MD Newport Beach, CA 92663	☑IND □ COM □ OTH □ PTY □ SCC	Retired	1,100.00	1,100.00			1,100.00		
10/15/18	Suzanne Turner Newport Bch, CA 92663	☑IND □COM □OTH □PTY □SCC	Retired	1,000.00	1,000.	00		1,000.00		
			SUBTOTAL S	2,550.00						

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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.

Monetary Contributions Received		to whole	goliars.	Statement cov	•	CALI F	460	
				through10/	20/18	Page _	10 0	16
NAME OF FILER						I.D. NL	MBER	
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	то	LECTION DATE QUIRED)
10/15/18	Melinda Seely Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Retired	50.00	00		200.00	
10/16/18	Justin Ostensen Newport Beach, CA 92625	☑IND □COM □OTH □PTY □SCC	Self Employed Cinamatogrpher/Shotwell	530.00	00	, 22.	1,100.00	
10/16/18	Bruce Bartram Newport Beach, CA 92663	☑IND □COM □OTH □PTY □SCC	Self Employed Attorney	50.00	125.	00	,,,,	125.00
10/18/18	Madison Swain Newport Beach, CA 92660	☑IND □ COM □ OTH □ PTY □ SCC	Self Employed Artist	1,100.00 1,100.00				1,100.00
10/18/18	Dennis Baker Newport Beach, CA 92625	☑IND □ COM □ OTH □ PTY □ SCC	Retired	500.00	500.0	00		500.00
			SUBTOTAL \$	2,230.00				

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PTY – Political Party

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.)
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Monetary Contributions Received		to whole (dollars.	Statement cov	-	california 460				
				through10/	20/18	Page _	11 of	16		
NAME OF FILER	Oite Coursell 2040					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 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 EL TO [(IF REC			
10/18/18	Paul Habeeb Newport Beach, CA 92660	☑IND □ COM □ OTH □ PTY □ SCC	Owner, CenterPoint Senior Care	250.00	250.00		250.00			250.00
10/19/18	Clarence Turner Newport Beach, CA, 92660	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired (See Sched E for \$500 Refund Check), page 16 of <i>i</i> 6	950.00	1,100.00		1,100.00			1,100.00
10/19/18	Janice Turner Newport Beach, CA, 92660	☑IND □ COM □ OTH □ PTY □ SCC	Retired	1,100.00 1,100.0		00		1,100.00		
10/16/18	Wylie Aitken Santa Ana, CA 92707	☑IND □ COM □ OTH □ PTY □ SCC	Attorney, Aitken Aitken Cohn	1,000.00	1,000.00		1,000.00			1,100.00
		□IND □COM □OTH □PTY □SCC								
			SUBTOTAL \$	3,300.00						

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(other than PTY or SCC)
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Schedule B – Part 1	ounts may be ro					SCHEDULE B - PART 1			
Loans Received		to whole dollars	3.		Statement cov	ers period 23/18	CALIFORNIA 460		
					from09/2	23/16	FORM		
SEE INSTRUCTIONS ON REVERSE					through10	/20/18	Page 12	of16	
NAME OF FILER					W-M		I.D. NUMBER		
Brenner for City Council, 2018							1400068		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVEI THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Joy Brenner, Candidate				☑ PAID				CALENDAR YEAR	
•	Retired			\$22,000	\$0.00	0.00 _%	\$ <u>22,000</u>	\$8	
Newport Beach, CA 92625		22,000	. 0.00	FORGIVEN	40/04/40			PER ELECTION**	
[†] ☑IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$0.00	12/31/18 DATE DUE	s0.00	6/27/18 DATE INCURRED	\$	
			-	☐ PAID				CALENDAR YEAR	
				\$. \$	% RATE	\$	\$	
				FORGIVEN				PER ELECTION**	
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
				☐ PAID				CALENDAR YEAR	
				\$. \$	RATE	\$	\$	
				FORGIVEN		NAIL		PER ELECTION**	
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS \$	0.00 \$	22,000	\$ 0.00	\$ 0.00			
Schedule B Summary			· · · · · · · · · · · · · · · · · · ·			(Enter (e) on Schedule E, Line 3)			
1. Loans received this period		***************************************	•••••	\$	0.00				
(Total Column (b) plus unitemized loans	s of less than \$100.)					(†C	ontributor Codes		
Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	0 paid or forgiven.)			\$	22,000	CC	D – Individual DM – Recipient C (other than I TH – Other (e.g., I	PTY or SCC)	
3. Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.)y Page, Column A, Line 2.				-22,000 May be a negative number)	PT	Y - Political Part	butor Committee	

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

** If required.

Schedule C SE ÑA

Amounts may be rounded

Manage		-	to whole dollars.						SCHEDULE						
Nonmonetary Contributions Received					Statement cover		CALIFORN		ORNIA 160						
				!	from	09/23/1	8	FO	RM TOO						
SEE INSTRUCTION	TIONS ON REVERSE				throu	ıgh10/20/	18	Page	13 of 16						
								I.D. NUME	BER						
Brenner	for City Council, 2018							140006	8						
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 SERV		AMOUNT/ FAIR MARKET VALUE			PER ELECTION TO DATE (IF REQUIRED)						
9/24/18	Barbara Federman Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Retired	Fundraiser, Food and beverages								175.26		175.26	175.26
10/11/18	Justin Ostensen Newport Beach, CA 92625	☑ IND □ COM □ OTH □ PTY □ SCC	Self Employed, Cinamatograher Shotwell Media	Printed car door signs								570.00	1	100.00	1,100.00
10/17/18	Clarence Turner Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Realtor, Trico Realty, Inc.	Fundraiser, Food and beverages						150.00	1,	100.00	1,100.00		
10/3/18	Newport Signs & Graphics Santa Ana, CA 92705	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Printed signs		249.17		249.17	249.17						
Attach add	litional information on appropriately labele	d continuation	sheets.	SUBTO	TAL \$	1,144.43									
1. Amount	e C Summary received this period – itemized nonmonet all Schedule C subtotals.)	ary contribution	ıs.		\$	1,144.43	IND		t Committee						
2. Amount	received this period - unitemized nonmor	netary contribut	ions of less than \$100	***************************************	\$	0.00		- Other (e.	an PTY or SCC) g., business entity)						
3. Total nor	nmonetary contributions received this peri es 1 and 2. Enter here and on the Summa	od.				1,144.43	PTY	 Political P 							

Schedule E Payments Made	Amounts may be rounded to whole dollars.				Statement covers period from09/23/18			CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Brenner for City Council, 2018				thr	ough _	10/20/1		Page1 I.D. NUMBI 1400068		
CODES: If one of the following codes accurately describe campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations CTL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense LTC campaign literature and mailings	MBR member commettings and office expensions petition circumphone banks POL polling and suppostage, delii	nmunication d appearan ses lating urvey resea	sces arch	RAD RFD SAL TEL TRC TRS TSF VOT	radio a return- campa t.v. or candio staff/s transfe voter r	airtime and p ed contributic aign workers' cable airtime late travel, lo pouse travel, er between co registration	roduction cos ons salaries and producti dging, and m lodging, and	on costs eals meals the same	candidate/sponsor nail)	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	ON OF PA	YMENT			AMOUNT PAID	
Lori Petry Newport Beach, CA 92625		СМР							137.00	
Newport Signs & Graphics Santa Ana, CA 92705	:	PRT							249.17	
U S Postal Service Newport Beach, CA 92658		POS				***	10.10		500.00	
Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.					SUBT	OTAL \$	886.17	
Schedule E Summary				******			TOTAL		APPARATE TO THE PARAMETER OF THE PARAMET	
I. Itemized payments made this period. (Include all Schedule	E subtotals.)			••••••	•••••			\$	23,392.96	
2. Unitemized payments made this period of under \$100	*************************							\$	430.54	

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$_

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

0.00

23,823.50

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE	Amounts may be to whole do			Staten from	nent covers period 09/23/18 10/20/18	SCHEDULE E (CONTINUE OF CALIFORNIA FORM 15 16		
NAME OF FILER				unoagn		Page	OT	
Brenner for City Council, 2018						1400068		
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and so POS postage, deliv	munications d appearance ses lating urvey researd very and mes	s	RAD rad RFD retu SAL car TEL t.v. TRC car TRS sta TSF trar VOT vot	cribe the payment in airtime and production in airtime and production in airtime and production cable airtime and producted in airtime and producted in airtime and producted in airtime and producted in airtime are between committed in airtime in registration committed in airtime in air	on costs s oduction costs and meals g, and meals ees of the same	e candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR I	DESCRIPTION OF	PAYMENT		AMOUNT PAID	
Instigate, LLC Portland, OR 97214		WEB					1,228.13	
Oakleaf Technology								
Newport Beach, CA 92660		WEB					2,200.00	

			/ G. (1 1 / 1/2)
Instigate, LLC Portland, OR 97214	WEB		1,228.13
Oakleaf Technology Newport Beach, CA 92660	WEB		2,200.00
Charn Pennewaert Newport Beach, CA 92660	WEB		320.00
Chris Jones Consulting Newcastle, CA 95658	LIT		17,468.05
Richard Weaver, Treasurer Newport Beach, CA 92660	PRO		250.00
* Payments that are contributions or independent expenditures must also be summarize	ed on Schedule D.	SUBTOTAL \$	21,466.18

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Amounts m		rounded		SCHEDOLE E (CONT.)					
(Continuation Sheet)	to whole dollars.			Statement covers period	CALIFORNIA 460				
Payments Made				from09/23/18	FOR	RM IOO			
SEE INSTRUCTIONS ON REVERSE				through10/20/18	Page	16 of 16			
NAME OF FILER					I.D. NUME				
Brenner for City Council, 2018					1400068				
CODES: If one of the following codes accurately describes	s the payment, yo	ou may en	ter the code. Othe	erwise, describe the payment.					
CMP campaign paraphernalia/misc.	MBR member com	munications		RAD radio airtime and productio					
CNS campaign consultants	MTG meetings and		S	RFD returned contributions					
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office expens PET petition circul			SAL campaign workers' salaries					
FIL candidate filing/ballot fees	PET petition circul PHO phone banks			TEL t.v. or cable airtime and pro TRC candidate travel, lodging, a	duction costs				
FND fundraising events	POL polling and su		h	TRS staff/spouse travel, lodging	and meals				
IND independent expenditure supporting/opposing others (explain)*	POS postage, deli-	very and mes	senger services	TSF transfer between committee	es of the same	e candidate/sponsor			
LEG legal defense LIT campaign literature and mailings		services (lega	il, accounting)	VOT voter registration		•			
	PRT print ads	 		WEB information technology cos	ts (internet, e-	-mail)			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	SCRIPTION OF PAYMENT		AMOUNT PAID			
Lynn Swain									
Newport Beach, CA 92660		LIT				230.59			
Clarence Turner									
		RFD				500.00			
Newport Beach, CA 92660		TAI D				500.00			
Facebook.com									
		WEB				310.02			

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