

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Harlan for Costa Mesa Council District 6 2020		<b>Date of This Filing</b> <u>09/24/2020</u>	Date Stamp <b>CITY CLERK</b> 20 SEP 24 PM 1:59 CITY OF COSTA MESA BY _____	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (949)858-7448	<b>I.D. NUMBER (if applicable)</b> 1427557	<b>Report No.</b> <u>2020-4</u>		
<b>STREET ADDRESS</b> 2552 Fairway Drive		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Costa Mesa	<b>STATE</b> CA	<b>ZIP CODE</b> 92627	<b>No. of Pages</b> <u>1</u>	

## 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
09/23/2020	Costa Mesa Firefighters Assn Local 1465 PAC 2001 Harbor Blvd, Ste 240 Costa Mesa, CA 92627 Committee ID # 1377067  INKIND	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00  <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