

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED
CITY CLERK

497 CONTRIBUTION REPORT

NAME OF FILER Harlan for Costa Mesa Council District 6 2020			Date of This Filing <u>10/20/2020</u>	Date Stamp 20 OCT 20 PM 1:1	CALIFORNIA FORM 497 For Official Use Only	
AREA CODE/PHONE NUMBER <u>(949) 858-7448</u>	I.D. NUMBER (if applicable) <u>1427557</u>					Report No. <u>2020-12</u>
STREET ADDRESS <u>2552 Fairway Drive</u>						
CITY <u>Costa Mesa</u>	STATE <u>CA</u>	ZIP CODE <u>92627</u>	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	CITY OF COSTA MESA BY _____		
			No. of Pages <u>1</u>			

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
10/19/2020	Steven Murow [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Visionary Murow Development Consultants	523.87 <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

*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: _____