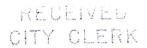
497 Contribution Report

NAME OF FILER

Amounts may be rounded to whole dollars.



Date Stamp

497 CONTRIBUTION REPORT

NAME OF FILER Harlan for City Council 2024 AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)				Report No. 2024-2 Amendment to Report No.		Date Stamp CALIFORNIA 497			
						21 AUG 26 PM 1: 4	FOR	FORM 49/	
								Official Use Only	
(949) 858-7448 1469159									
STREET ADDRESS									
CITY		STATE	ZIP CODE	(explain below)					
Costa Mesa		CA	92627	No. of Pages	1				
1. Contribution(s) Received								
DATE RECEIVED	FULL NAMI	E, STREET ADDRESS ANI (IF COMMITTEE, ALSO EN	D ZIP CODE OF CONTRIBUT	ΓOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMI (IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED	
08/23/2024 Ju	udie Harlan					Retired Retired		2,500.00	
					OTH PTY			☐ Check if Loan	
					□ scc			Provide interest rate	
					☐ IND				
					OTH			☐ Check if Loan	
					scc			Provide interest rate	
					☐ IND				
					OTH PTY			☐ Check if Loan	
					□ scc			Provide interest rate	
						*Contributor Codes IND – Individual COM – Recipient Con	nmittee (oth	er than PTY or SCC)	
Reason for Amendment:						OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee			