RECEIVEU **497 Contribution Report** Amounts may be rounded to whole dollars. CITY CLERK 497 CONTRIBUTION REPORT NAME OF FILER Date Stamp Date of **CALIFORNIA** 09/04/2024 Harlan for City Council 2024 This Filing _ **FORM** SEP -4 PH 12: 47 AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) For Official Use Only Report No. 2024-3 (949) 858-7448 1469159 STREET ADDRESS ☐ Amendment to Report No. (explain below) CITY STATE ZIP CODE No. of Pages _ Costa Mesa 92627 1. Contribution(s) Received IF AN INDIVIDUAL, FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR **AMOUNT** ENTER OCCUPATION AND EMPLOYER RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) 09/03/2024 Planned Parenthood of Orange and San Bernardino Counties' Community Action Fund PAC 1,000.00 ☐ IND K COM Committee ID # 1282464 □ OTH ☐ Check if Loan ☐ PTY ☐ SCC Provide interest rate IND COM ☐ OTH ☐ Check if Loan ☐ PTY ☐ SCC Provide interest rate ☐ IND COM ☐ OTH ☐ Check if Loan □ PTY □ SCC Provide Interest rate *Contributor Codes IND-Individual

Reason for Amendment: _

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

PTY - Political Party