## **497 Contribution Report**

Reason for Amendment: \_\_\_\_\_

Amounts may be rounded to whole dollars.

NAME OF FILER Harlan for City Council 2024				Date of This Filing10/20/2024		Date Stamp	497 CONTRIBUTION REPORT	
								CALIFORNIA 497
AREA CODE/PHONE NUMBER (949) 858-7448		I.D. NUMBER (if applicable) 1469159		Report No. 20	24-10	ECEIVE Via email	For Official Use Only	
STREET ADDRESS				Amendment to Report No.		OCT 2 0 2024 W		
CITY	STATE ZIP CODE			(explain below)  No. of Pages1		BY:		
1. Contributi	on(s) Received	CA	92627				<u>l</u>	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
10/18/2024	Building Industry A	0	California PAC		☐ IND  ☑ COM ☐ OTH ☐ PTY ☐ SCC			2,500.00  Check if Loan  **  Provide interest rate
10/18/2024	Taxpayers for a Sus				☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC			1,000.00
10/18/2024	Southern CA Distric		orers PAC		☐ IND  ☑ COM ☐ OTH ☐ PTY ☐ SCC			1,500.00  Check if Loan  Provide interest rate
						*Contributor Codes IND – Individual COM – Recipient Co OTH – Other (e.g., I	mmittee (oth	er than PTY or SCC)

PTY - Political Party

SCC - Small Contributor Committee