


497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Harlan for City Council 2024		Date of This Filing 10/29/2024	Date Stamp 	CALIFORNIA FORM 497 For Official Use Only	
AREA CODE/PHONE NUMBER (949)858-7448	I.D. NUMBER (if applicable) 1469159	Report No. 2024-14			
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
CITY Costa Mesa	STATE CA	ZIP CODE 92627	No. of Pages 1		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
10/29/2024	Gameros for City Council 2024 [REDACTED]		2,500.00	
**Contribution Refunded				

Reason for Amendment: _____