

**Statement of Organization
Recipient Committee**

Statement Type

| | | |
|---|--|---|
| <input type="checkbox"/> Initial | <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Termination – See Part 5 |
| <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met | Date qualification threshold met 06 / 06 / 2024 | Date of termination ____ / ____ / ____ |

Date Stamp
**DIGITALLY
RECEIVED AND FILED**
in the office of the California
Secretary of State
JUNE 11 2024

CALIFORNIA FORM 410
For Official Use Only
24 JUN 17 AM 10:14
via email
CITY OF COSTA MESA
BY _____

| 1. Committee Information | | I.D. Number <small>(if applicable)</small> | | 2. Treasurer and Other Principal Officers | | | |
|---|--|--|--|---|--|---|--|
| NAME OF COMMITTEE Harlan for City Council 2024 | | 1469159 | | NAME OF TREASURER Jeff Harlan | | | |
| STREET ADDRESS (NO P.O. BOX) [REDACTED] | | CITY Costa Mesa | | STATE CA | | ZIP CODE 92627 | |
| CITY Costa Mesa | | STATE CA | | AREA CODE/PHONE (949) 858-7448 | | EMAIL ADDRESS OF TREASURER (REQUIRED) Harlan4CostaMesa@gmail.com | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | ZIP CODE 92627 | | NAME OF ASSISTANT TREASURER, IF ANY Jen Slater | | | |
| E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) Harlan4CostaMesa@gmail.com | | AREA CODE/PHONE (949) 858-7448 | | STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | |
| COUNTY OF DOMICILE Orange | | JURISDICTION WHERE COMMITTEE IS ACTIVE City of Costa Mesa | | CITY Irvine | | STATE CA | |
| Attach additional information on appropriately labeled continuation sheets. | | | | AREA CODE/PHONE (949) 858-7448 | | EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) info@campaign-compliance.com | |
| | | | | NAME OF PRINCIPAL OFFICER(S) | | | |
| | | | | STREET ADDRESS (NO P.O. BOX) | | CITY | |
| | | | | STATE | | ZIP CODE | |
| | | | | EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) | | | |

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| | | | | |
|-------------|------------|----|------------|--|
| Executed on | 06/11/2024 | By | [REDACTED] | SIGNATURE OF TREASURER OR ASSISTANT TREASURER |
| | DATE | | | |
| Executed on | 06/11/2024 | By | [REDACTED] | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |
| | DATE | | | |
| Executed on | _____ | By | _____ | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |
| | DATE | | | |
| Executed on | _____ | By | _____ | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |
| | DATE | | | |

FPPC Form 410 (October/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

| | |
|--|------------------------|
| COMMITTEE NAME Harlan for City Council 2024 | I.D. NUMBER 1469159 |
|--|------------------------|

All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

| | | |
|---|-----------------------------------|-----------------------------------|
| NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Bank of America - Jen Slater & Jeff Harlan | AREA CODE/PHONE (949) 220-0940 | BANK ACCOUNT NUMBER [REDACTED] |
| ADDRESS OF FINANCIAL INSTITUTION [REDACTED] | CITY [REDACTED] | STATE [REDACTED] |
| | | ZIP CODE [REDACTED] |

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE | | |
|--|---|------------------|--|----------|------------------------------|
| Jeffrey Harlan | City Council Member City of Costa Mesa District 6 | 2024 | Nonpartisan <input checked="" type="checkbox"/> | Partisan | (list political party below) |
| | | | Nonpartisan | Partisan | (list political party below) |

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|-----------|--------|
| | | SUPPORT | OPPOSE |
| | | | |
| | | | |

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INSTRUCTIONS ON REVERSE

**CALIFORNIA
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COMMITTEE NAME
Earlan for City Council 2024

I.D. NUMBER
1469159

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.