

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Michael Saragosa for Placerville City Council 2024		Date of This Filing 11/01/2024 10:28	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1472581	Report No. 6	CITY CLERK/HUMAN RESOURCES	
STREET ADDRESS [REDACTED]		☐ Amendment to Report No. _____ (explain below)	NOV 01 2024	
CITY Placerville, CA 95667	STATE ZIP CODE	No. of Pages 3	CITY OF PLACERVILLE 3101 CENTER STREET PLACERVILLE, CA 95667	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
2024-11-01	Michael Saragosa [REDACTED] Placerville, CA 95667	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Owner Quintana Sargosa Public Affairs	1,500.00 ☒ Check if Loan 0 % Provide Interest Rate

Reason for Amendment: _____

* Contributor Codes
 IND – Individual
 COM – Recipient Committee (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

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STREET ADDRESS [REDACTED]				
CITY Placerville, CA 95667	STATE	ZIP CODE		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: _____

FORM	REFERENCE	NOTES
CA 497	TEXT -292	Contribution in the form of a Loan Received. Interest on Loan is: 0