

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Evan Quirk For City Council 2026		Date of This Filing 10/1/26	Date Stamp RECEIVED CITY CLERK/HUMAN RESOURCES OCT 05 2026 CITY OF PLACERVILLE 3101 CENTER STREET PLACERVILLE, CA 95667	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable)	Report No. 1		
STREET ADDRESS [REDACTED]		☐ Amendment to Report No. (explain below)		
CITY Placerville	STATE CA	ZIP CODE 95667	No. of Pages 2	

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
9/4/26	Friends of Historic Placerville - ID. 1492862 [REDACTED] Placerville, CA 95667	☐ IND ☐ COM ☐ OTH ☐ PTY ☒ SCC		\$775 ☐ Check if Loan _____% Provide interest rate
9/17/26	Friends of Historic Placerville - ID. 1492862 [REDACTED] Placerville, CA 95667	☐ IND ☐ COM ☐ OTH ☐ PTY ☒ SCC		\$225 ☐ Check if Loan _____% Provide interest rate
9/21	[REDACTED] Angels Camp, CA 95222	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$100 ☐ Check if Loan _____% 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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CITY <i>Placerville</i>	STATE <i>CA</i>	ZIP CODE <i>95667</i>	No. of Pages <i>2</i>	

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<i>9/29/26</i>	<i>Friends of Historic Placerville</i> <i>Placerville, CA 95667</i> <i>ID. 1492862</i>	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		<i>\$1248.64</i> <i>In kind Donation</i> ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
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2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR 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: _____