

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Friends of Historic Placerville		Date of This Filing 9/18/2026	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1492862	Report No. 3	RECEIVED CITY CLERK/HUMAN RESOURCES SEP 20 2026 CITY OF PLACERVILLE 3101 CENTER STREET PLACERVILLE, CA 95667	
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
9/14/2026	Placerville News Company [REDACTED] Placerville, CA 95667	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500 ☐ Check if Loan _____% Provide interest rate
9/16/2026	Jaime Briseno [REDACTED] Placerville, CA 95667	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Artist and owner, Royal Six Tattoo	200 ☐ Check if Loan _____% Provide interest rate
9/17/2026	Ambiance Gallery [REDACTED] Placerville, CA 95667	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		200 ☐ 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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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)
9/17/2026	Evan Quirk for City Council 2026 [REDACTED] Placerville, CA 95667	Evan Quirk, Placerville City Council	\$225	November 2026

Reason for Amendment: _____