

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Michael Saragosa for Placerville City Council 2024		<b>Date of This Filing</b> 09/02/2024 12:01	Date Stamp	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>CALIFORNIA FORM 497</b> </div> <p style="font-size: small; margin-top: 5px;">For Official Use Only</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <b>RECEIVED</b>                  CLERK/HUMAN RESOURCES                  SEP 02 2024                  CITY OF PLACERVILLE                  3101 CENTER STREET                  PLACERVILLE, CA 95667             </div>
<b>AREA CODE/PHONE NUMBER</b> [REDACTED]	<b>I.D. NUMBER (if applicable)</b> 1472581	<b>Report No.</b> 2		
<b>STREET ADDRESS</b> [REDACTED]		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Placerville, CA 95667	<b>STATE</b>	<b>ZIP CODE</b>	<b>No. of Pages</b> 3	

## 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
2024-09-02	Michael Saragosa [REDACTED] Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Quintana Sargosa Public Affairs	2,500.00  <input checked="" type="checkbox"/> Check if Loan 0 % <small>Provide Interest Rate</small>

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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<b>AREA CODE/PHONE NUMBER</b> [REDACTED]	<b>I.D. NUMBER (if applicable)</b> 1472581	<b>Report No.</b> _____ <b>CITY</b> _____		
<b>STREET ADDRESS</b> [REDACTED]		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below) _____		
<b>CITY</b> Placerville, CA 95667	<b>STATE</b>	<b>ZIP CODE</b>	<b>No. of Pages</b> 3	

## 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 -211	Contribution in the form of a Loan Received. Interest on Loan is: 0