

# 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> 10/17/2024 10:31	Date Stamp <b>RECEIVED</b> CLERK/HUMAN RESOURCES OCT 17 2024 CITY OF PLACERVILLE 3101 CENTER STREET PLACERVILLE, CA 95667	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> [REDACTED]	<b>I.D. NUMBER (if applicable)</b> 1472581	<b>Report No.</b> 4 CITY CLERK/HUMAN RESOURCES		
<b>STREET ADDRESS</b> [REDACTED]		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY STATE ZIP CODE</b> Placerville, CA 95667		<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
2024-10-16	Michael Saragosa 2895 Coloma St Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Quintana Sargosa Public Affairs	4,000.00 <input checked="" type="checkbox"/> 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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NAME OF FILER Michael Saragosa for Placerville City Council 2024		Date of This Filing 10/17/2024 10:31	Date Stamp	<div style="background-color: #333; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">                     CALIFORNIA FORM 497                 </div> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1472581	Report No. _____	RECEIVED CITY CLERK/HUMAN RESOURCES	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	OCT 17 2024	
CITY Placerville, CA 95667	STATE	ZIP CODE	No. of Pages 3	

CITY OF PLACERVILLE  
 101 CENTER STREET  
 PLACERVILLE, CA 95667

## 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 -273	Contribution in the form of a Loan Received. Interest on Loan is: 0