Recipient Committee COVER PAGE Campaign Statement Date Stamp **CALIFORNIA Cover Page** RECEIVED **FORM** CLERK/HUMAN RESOURCES Statement covers period Date of election if applicable: (Month, Day, Year) 07/01/2024 SEP 2 6 2024 Page from For Official Use Only CITY OF PLACERVILLE 3101 CENTER STREET PLACERVILLE, CA 95607 09/21/2024 11/05/2024 through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4 2. Type of Statement: X Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement X Preelection Statement Committee State Candidate Election Committee Special Odd-Year Report Semi-annual Statement Controlled Recall Termination Stalement Sponsored (Also Complete Part 5) (Also file a Form 410 Termination) (Also Complete Part 6) General Purpose Committee Amendment (Explain Below) Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) Political Party/Central Committee **Committee Information** I.D. NUMBER 1472581 Treasurer(s) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Kelly Lawler Michael Saragosa for Placerville City Council 2024 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Hilmar, CA 95324 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Placerville, CA 95667 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE Placerville, CA 95667 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and jn the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on of Treasurer or Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on DATE Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on DATE Signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER PAGE - PART 2

CALIFORNIA 460

2/20

Officeholder or Candidate Controll	6.	Ballot Measure Co	nmittee	(
NAME OF OFFICEHOLDER OR CANDIDATE Michael Saragosa			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS Sought: City Council Member City Placery			BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP	Identify the controlling officeholder, candidate, or state measure pr				measure propo	nent, if any.
	Placerville CA 95667		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PE	OPONENT		
Related Committees Not Included in this sometincluded in this statement that are controlled by you contributions or to make expenditures on behalf of your contributions.	r are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D.NUMBER	7.	Primarily Formed C		List names	of officeholder(s)) or candidate(s) fo
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P	.O.BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
CITY STATE 2	ZIP CODE AREA CODE/PHONE						OPPOSE
COMMITTEE NAME	I.D.NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P	.O.BOX)		(

Campaign Disclosure Statement Summary Page

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period from 7/01/2024

CALIFORNIA 460

SUMMARY PAGE

3/20

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Saragosa for Placerville City Council 2024

1472581

I.D. NUMBER

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections		
Monetary Contributions Schedule A, Line 3	\$9135.80	\$9135.80_	Contral Elections		
2. Loans Received Schedule B, Line 7	2500.00	2500.00	1/1 through 6/30 7/1 to Date		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 11635.80	\$11635.80	20. Contribution Received \$ 0.00 \$ 0.00		
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00	21. Expenditures		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	11635.80	\$11635.80	Made \$ 0.00 \$ 0.00		
Expenditures Made			Expenditure Limit Summary for State		
6. Payments Made Schedule E, Line 4	\$4405.19	\$4405.19	Candidates		
7. Loans Made Schedule H, Line 7	0.00	0.00	22. Cumulative Expenditures Made*		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$4405.19	\$4405.19	(If Subject to Voluntary Expenditure Limit)		
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	706.00	706.00	Date of Election Total to Date		
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$5111.19	\$5111.19	 \$		
Current Cash Statement			\$		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$0.00	To calculate Column B, add			
13. Cash Receipts Column A, Line 3 above	11635.80	amounts in Column A to the corresponding amounts			
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	from Column B of your last report. Some amounts in	1		
15. Cash Payments Column A, Line 8 above	4405.19	Column A may be negative			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	figures that should be subtracted from previous			
If this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	for this calendar year, only carry over the amounts			
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	*Since January 1, 2001. Amounts in this section may be		
18. Cash Equivalents See instructions on reverse	\$0.00		different from amounts reported in Column B.		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$3206.00				
	,		FPPC Form 460 JAN/05 FPPC Toll-Free Helpline: 866/ASK-FPPC		

Schedule A			e or print in ink.	SCHEDULE A					
Monetary	Contributions Received		nts may be rounded o whole dollars.	Statement coverage from 1 1 1 2 2	45%	THE PERSON NAMED AND POST OFFICE ADDRESS OF THE PERSON NAMED AND POST OFFICE ADDRESS OFFICE ADDRESS OFFICE ADDRESS OFFICE ADDRESS OFFICE ADDRESS OFFICE AD	FORNIA 460		
SEE INSTRUCTIO	NS ON REVERSE			through 9 /21	2024		4/20		
NAME OF FILER Michael Sarage	osa for Placerville City Council 2024					I.D. Nu 1472			
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)		
Rcpt Dt: 09/18/2024	Mark Acuna Placerville CA 95667 ID:	X IND COM OTH PTY SCC	Retired Retired	250.00	25	0.00	250.00 G 24		
Rcpt Dt: 08/22/2024	Armando Azarloza Los Angeles CA 91326 ID:	X IND COM OTH PTY SCC	Marketing The Axis Agency	250.00	25	0.00	250.00 G 24		
Rcpt Dt: 08/27/2024	Meghan Callahan Sacramento CA 95831 ID:	IND COM OTH PTY SCC	Public Affairs Consulting Wilson Callahan Strategies	250.00	25	0.00	250.00 G 24		
Rcpt Dt: 08/28/2024	Julian Canete Stockton CA 95219 ID:	X IND COM OTH PTY SCC	President and CEO California Hispanic Chambers of Commerce	100.00	10	0.00	100.00 G24		
Rcpt Dt: 09/12/2024	Creekview Mini Mart Inc. Placerville CA 95667 ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	50	0.00	500.00 G 24		

SUBTOTAL \$

Schedule A Summary

- 1. Amount received this period contributions of \$100 or more. 8986.80 (Include all Schedule A subtotals.)\$
- 149.00 2. Amount received this period - unitemized contributions of less than \$100\$
- 3. Total monetary contributions received this period. 9135.80

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH- Other

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (JAN/05) FPPC Toll-Free Helpline: 866/ASK-FPPC

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received			from 1 01 2	024	CALIFORNIA 460			
NS ON REVERSE			through 9/21	2024		5/20		
osa for Placerville City Council 2024					I.D. Nu 1472			
FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMB	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALENDAR YE	AR	PER ELECTION TO DATE (IF REQUIRED)		
Maximiliano Cuevas Salinas CA 93908 ID:	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Clinica de Salud del Valle de Salinas	100.00	100	0.00	100.00 G24		
Casev Elliott Carmichael CA 95608 ID:	X IND COM OTH PTY SCC	Advocate Townsend Public Affairs	250.00	250.00 500.00		250.00		250.00 G 24
Joe Garcia Delano CA 93216 ID:	IND COM OTH PTY SCC	President Garcia Management	500.00	500.00		500.00 G24		
Richard Gibbs Fullerton CA 92831 ID:	X IND COM OTH PTY SCC	Retired Retired	200.00	200	0.00	200.00 G24		
Hispanic 100 San Diego CA 92119 ID: 1247996	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		250.00	250	0.00	250.00 G24		
2		SUBTOTAL S	\$					
Schedule A subtotals.)eived this period - unitemized contributiontary contributions received this period.	ns of less than \$100	\$		IND COI OTH PTY	- Individue - Individue - Recip (other - Other - Politic C - Small	dual pient Committee er than PTY or SCC)		
	PULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMB Maximiliano Cuevas Salinas CA 93908 ID: Casev Elliott Carmichael CA 95608 ID: Joe Garcia Delano CA 93216 ID: Richard Gibbs Fullerton CA 92831 ID: Hispanic 100 San Diego CA 92119 Summary eived this period - contributions of \$100 of Schedule A subtotals.) eived this period - unitemized contributions ary contributions received this period.	Salinas CA 93908 Contributions COM	Solinas CA 93908 CA 93908 CA 9316 COMPT CO	Townson Reverse Tosa for Placerville City Council 2024 FULL NAME, MAILING ADDRESS AND 2IP CODE OF CONTRIBUTOR (P. COMMITTER, ALSO ENTER LO. NUMBER) Maximiliano Cuevas Salinas CA 93908 Salinas CA 93908 Casev Elliott Carmichael CA 95608 Delano CA 93216 Delano CA 93216 Delano CA 93216 Richard Gibbs Fullerton CA 92831 Pry COMMITTER ALSO ENTER LO. NUMBER (P. COMMITTER) Received This Period Committer (P. Committer) Carmichael CA 95608 Delano CA 93216 Richard Gibbs Fullerton CA 92831 Pry Pry Borry Row (P. Committer) Retired 200.00 Substock Sub	Townsend Public Affairs Casey Elliott	ANS ON REVERSE NS ON REVERSE Sos for Placerville City Council 2024 FULL NAME, MALLING ADDRESS AND 2IP COUDE OF CONTRIBUTOR GODE* IF AN INDIVIDUAL, ENTER AMOUNT RECEIVED IN 18 PERIOD SECTION AND EMPLOYER RECEIVED IN 18 PERIOD SECTION AND		

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA 160

				from_7 06 2	024	FORM TOU
SEE INSTRUCTION	NS ON REVERSE			from 7 01 12 1	2024	6/20
NAME OF FILER Michael Sarago	osa for Placerville City Council 2024). Number 472581
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	E OF CONTRIBUTOR CODE * OCCU		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 08/21/2024	Scott Holt Laguna Beach CA 92651 ID:	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Certified Public Accountant Scott Holt CPA	300.00	300.00	300.00 G24
Rcpt Dt: 08/28/2024	Alexander Kim Newport Beach CA 92660 ID:	IND COM OTH PTY SCC	Principal and CEO Three Kings Public Affairs	100.00	100.00	100.00 G 24
Rcpt Dt: 08/20/2024	David Koenig Carmichael CA 95608 ID:	IND COM OTH PTY SCC	Vice President Health Net	100.00	100.00	100.00 G 24
Rcpt Dt: 08/21/2024	Heather Lambert Sacramento CA 95816 ID:	IND COM OTH PTY SCC	Public Affairs Consultant Self Employed-Heather Lambert	1000.00	1000.00	1000.00 G 24
Rept Dt: 08/20/2024	Melissa Martinez West Sacramento CA 95691 ID:	X IND □ COM □ OTH □ PTY □ SCC	Director of Operations CA Conference of Carpenters	100.00	100.00	100.00 G 24
			SUBTOTAL	\$		
(Include all 2. Amount rece 3. Total monet	eived this period - contributions of \$100 or more. Schedule A subtotals.)eived this period - unitemized contributions of less ary contributions received this period. 1 and 2. Enter here and on the Summary Page, C	s than \$100	\$		IND - Ir COM - I OTH- O PTY - P	utor Codes ndividual Recipient Committee (other than PTY or SCC) ther olitical Party mall Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received		I		whole dollars.	Statement covers period from 101/2024		CALIFORNIA 460			
SEE INSTRUCTIO	NS ON REVERSE				through 9/21	2024		7/20		
NAME OF FILER Michael Sarage	osa for Placerville City Council 2024						I.D. No			
DATE RECEIVED	FULL NAME, MAILING ADI AND ZIP CODE OF CONTE (IF COMMITTEE, ALSO ENTER	RIBUTOR	RIBUTOR ODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)		
Rcpt Dt: 08/22/2024	Michael Saragosa for Placerville Placerville CA 9566 ID: 1429758	City Council 2020	IND COM OTH PTY SCC		1186.80	1186	5.80	1186.80 G 24		
Rcpt Dt: 09/08/2024	Anh Nauven Fair Oaks CA 9562		IND COM OTH PTY SCC	Consultant Self Employed - Anh Nguy-	500.00	500.00		500.00		500.00 G24
Rcpt Dt: 08/28/2024	Daniel Quintana Sanger CA 9365	.7	IND COM OTH PTY SCC	Retired Retired	100.00	100.00		100.00 G24		
Rcpt Dt: 09/13/2024	Irma Quintana Arcadia CA 9100		IND COM OTH PTY SCC	Retired Retired	100.00	100	0.00	100.00 G24		
Rept Dt: 08/20/2024	Matthew Rexroad Woodland CA 9577	76	IND COM OTH PTY SCC	Attorney Strategy Insights	100.00	100	0.00	100.00 G24		
				SUBTOTAL \$						
Amount rec (Include all Amount rec Total monet	eived this period - contributions of Schedule A subtotals.)eived this period - unitemized contary contributions received this period 1 and 2. Enter here and on the S	ntributions of less than \$10	00	\$		IND COM OTH PTY	oth I - Other - Politic	dual pient Committee er than PTY or SCC)		
		376 376					FD	DO F 400 (IANIOE)		

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Monetary Contributions Received		o whole dollars.	Statement cov	1024	CALIFORNIA 460	
SEE INSTRUCTIO	NS ON REVERSE			through 9/21	2024		8/20
NAME OF FILER Michael Sarag	osa for Placerville City Council 2024					I.D. N	
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 09/13/2024	Michael Robbins Carson City NV 89701 ID:	□ IND □ COM □ OTH □ PTY □ SCC	Owner/Sales Hanifin's Arts & Antiques	300.00	300	0.00	300.00 G24
Rcpt Dt: 08/21/2024	Thomas Ross Sacramento CA 95825 ID:	IND COM OTH PTY SCC	Consultant Swing Strategies	500.00	500.00		500.00 G24
Rept Dt: 08/22/2024	Wally Sabria Boca Raton FL 33498 ID:	IND COM OTH PTY SCC	Executive Morus Brands	100.00	100.00		100.00 G24
Rcpt Dt: 08/20/2024	Timothy Simon San Francisco CA 94124 ID:	IND COM OTH PTY SCC	Attorney TAS Strategies	100.00	100	0.00	100.00 G24
Rept Dt: 09/02/2024	Kirk Smith Placerville CA 95667 ID:	X IND COM OTH PTY SCC	Not Employed Not Employed	200.00	200	0.00	200.00 G24
			SUBTOTAL	\$			
Amount rec (Include all Amount rec Total monet	eived this period - contributions of \$100 or more. Schedule A subtotals.) eived this period - unitemized contributions of less tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co	han \$100	\$		IND COI OTE PTY	oth) H- Other Politic	dual pient Committee er than PTY or SCC)

Type or print in ink.
Amounts may be rounded

SCHEDULE A

Monetary Contributions Received		to	to whole dollars.		ers period	CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through 9/21	2024		9/20
NAME OF FILER Michael Sarage	osa for Placerville City Council 2024					I.D. Nu	ımber
	• ***					1472	581
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 09/02/2024	Clinton Soffer Ridgeland MS 39157 ID:	IND □ COM □ OTH □ PTY □ SCC	Principal Officer PT Strategy LLC	300.00	300	0.00	300.00 G24
Rcpt Dt: 08/21/2024	Katerina Tavoularis Orange CA 92865 ID:	□ IND □ COM □ OTH □ PTY □ SCC	Owner Tavoularis Projects	250.00	250.00		250.00 G 24
Rcpt Dt: 08/21/2024	Justin Wallin Washington DC 20001 ID:	IND COM OTH PTY SCC	J. Wallin Opinion Resear-	100.00	100.00		100.00 G24
Rcpt Dt: 08/21/2024	Marian Washburn Placerville CA 95667 ID:	X IND COM OTH PTY SCC	Retired Retired	150.00	150	0.00	150.00 G 24
Rept Dt: 08/29/2024	Scott Yuill Rocklin CA 95765 ID:	IND COM OTH PTY SCC	Insurance and Financial Services agency owner Scott Yuill Insurance and Financial Services, Inc	250.00	250	0.00	250.00 G 24
			SUBTOTAL S	\$			
(Include all 2. Amount reco 3. Total monet	eived this period - contributions of \$100 or more. Schedule A subtotals.) eived this period - unitemized contributions of less the lary contributions received this period. 1 and 2. Enter here and on the Summary Page, Column 1.	an \$100	\$		IND COI OTH PTY	(other H- Other - Politic	dual pient Committee er than PTY or SCC)
			m				

Schedule	A		be or print in ink.	SCHEDULE A					
Monetary Contributions Received			nts may be rounded o whole dollars.	Statement cov		CALIFORNIA 46			
SEE INSTRUCTIO	NS ON REVERSE			through 1/21	2024		10 / 20		
NAME OF FILER Michael Sarage	osa for Placerville City Council 2024					I.D. No 1472	N. 10 1 10 10 10 10 10 10 10 10 10 10 10 1		
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CALENDAR YEAR T		PER ELECTION TO DATE (IF REQUIRED)		
Rcpt Dt: 09/06/2024	Joseph Zamarron Laguna Niguel CA 92677 ID:	X IND □ COM □ OTH □ PTY □ SCC	Account Director	250.00	25	0.00	250.00 G24		
Rcpt Dt: 08/20/2024	Judy Zulfigar Temecula CA 92592 ID:	IND COM OTH PTY SCC	Marketing Watermark Associates	250.00	25	0.00	250.00 G24		

	SUBTOTAL \$	8986.80	
Schedule A Summary 1. Amount received this period - contributions of \$100 or more.			*Contributor Codes
(Include all Schedule A subtotals.) 2. Amount received this period - unitemized contributions of less than \$100	\$ \$		COM - Recipient Committee (other than PTY or SCC) OTH - Other
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$		PTY - Political Party SCC - Small Contributor Committee

SCHEDULE A

Notes

Form/Schedule	Reference No	TEXT
Α	A-182	Michael Saragosa for Placerville City Council 2020-20240822-Additional Contribution Information: Transfer from Controlled Committee

Schedule B - Part 1

COM-Recipient Committee (other than PTY or SCC)

Type or print in ink.
Amounts may be rounded

SCHEDULE B - PART 1

Loans Received		Amo	ounts may be rou to whole dollars.		from 1 D1 2024			^A 460
SEE INSTRUCTIONS ON REVERSE					through 9 2	1/2024	12 / 20)
NAME OF FILER							I.D. NUMBER	
Michael Saragosa for Placerville City Council	cil 2024						1472581	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Michael Saragosa Placerville CA 95667	Quintana Sargosa Public Affairs Owner			\$0.00	\$2500.00		\$ 2500.00	\$ 2500.00 PER ELECTION** 2500.00 G 24
ID: ⊠IND □ COM □ OTH □ PTY □ SCC		\$0.00	\$2500.00	\$	12/31/2026 DATE DUE	\$0.00	09/02/2024 DATE INCURRED	

SUBTOTALS \$	2500.00 \$ 0.00 \$	2500.00 \$ 0.0	0
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loans less than \$100.)	\$	2500.00	(Enter (e) on Schedule E, Line 3)
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)	\$	0.00	* Amounts forgiven or paid by another party also must be reported on Schedule A.
Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2.	Net \$	2500.00 (may be a negative number)	** If required.
*Contributor Codes IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Politi	ical Party SCC-Small Contribute	or Committee	FPPC Form 460 (JAN/05)

PTY-Political Party

OTH-Other

SCC-Small Contributor Committee

FPPC Form 460 (JAN/05) FPPC Toll-Free Helpline: 866/ASK-FPPC

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period from 1 01 2024 through 9 21 2024	CALIFORNIA 460
	13 / 20
	I.D. NUMBER
	8 4-4-1289-0 85 230-80

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Michael Saragosa for Placerville City Council 2024 1472581

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	campaign consultants		meetings and appearances		returned contributions
CTB	contribution (explain nonmonetary)*		office expenses		campaign workers' salaries
CVC	civic donations		petition circulating		t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees		phone banks		candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services		transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)		voter registration
LIT	campaign literature and mailings		print ads	WEB	information technology costs (internet, email)

	DRESS OF PAYEE OR CREDITOR TEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Budget Watchdogs 22410 Hawthorne Boulevard Suite 5 Torrance CA	ID: 90505	LIT		679.00
Cal Voter 22410 Hawthorne Boulevard Suite 5 Torrance CA	ID: 90505	LIT		290.00
eFundraising Connections 2831 G Street #120 Sacramento CA	ID: 95816	OFC		5.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

1.	Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	4286.00
2.	Unitemized payments made this period of under \$100.	119.19
3.	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0.00
4.	Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	4405.19

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period from 1 01 2024	CALIFORNIA 460
through 9 21 2024	14 / 20
	I.D. NUMBER

				from	
SEE INSTRUCTIONS ON REVERSE				through 9 21 2024	14/20
NAME OF FILER					I.D. NUMBER
Michael Saragosa for Placerville City Council 2024					1472581
CODES: If one of the following codes accurately describes	the payment, you	may enter the	e code. Otherwise	, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member co MTG meetings a OFC office expe PET petition circ PHO phone banl POL polling and POS postage, de PRO professiona PRT print ads	nd appearances nses culating ks survey research	n senger services	RAD radio airtime and product returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and radidate travel, lodging transfer between commit voter registration web information technology of	ies production costs , and meals ng, and meals ttees of the same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OF	R DESC	CRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections 2831 G Street #120 Sacramento CA 95816	ID:	OFC		8	28.50
eFundraising Connections 2831 G Street #120 Sacramento CA 95816	ID:	OFC			106.50
eFundraising Connections 2831 G Street #120 Sacramento CA 95816	ID:	OFC			11.75
Payments that are contributions or independent expenditures must	also be summarized o	on Schedule D.		SU	BTOTAL \$

Schedule E Summary 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100.\$ _____ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period from 101/2024	CALIFORNIA 460
through 9 21 2024	15 / 20
	I.D. NUMBER
	-

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Michael Saragosa for Placerville City Council 2024 1472581 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* IND POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, email) NAME AND ADDRESS OF PAYEE OR CREDITOR CODE OR DESCRIPTION OF PAYMENT **AMOUNT PAID** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **OFC** 15.00 eFundraising Connections ID: 2831 G Street #120 Sacramento 95816 OFC 11.75 eFundraising Connections ID: 2831 G Street #120 Sacramento 95816 **OFC** 16.71 eFundraising Connections ID: 2831 G Street #120 Sacramento CA 95816 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100. 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

Type or print in ink. Amounts may be rounded

Statement covers period from 101 2024	CALIFORNIA 460
through 9/21/2024	16 / 20
	I.D. NUMBER
	2.000000000000000000000000000000000000

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Michael Saragosa for Placerville City Council 2024 1472581

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

CMP	campaign paraphernalia/misc.	MRR	member com	munications		RAD	radio airtime and production costs
				d appearances			returned contributions
	contribution (explain nonmonetary)*		office expens				campaign workers' salaries
	civic donations	PET	petition circu				t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	•			candidate travel, lodging, and meals
FND	fundraising events	POL	polling and s	urvey research			staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, deli	very and messenger servic	es		transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional	services (legal, accounting))	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads			WEB	information technology costs (internet, email)

	RESS OF PAYEE OR CREDITOR EE, ALSO ENTER I.D. NUMBER)	CODE	OF	DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections 2831 G Street #120 Sacramento CA	ID:	OFC			23.00
eFundraising Connections 2831 G Street #120 Sacramento CA	ID:	OFC			23.00
eFundraising Connections 2831 G Street #120	ID:	OFC			19.00

Schedule E Summary		

2. Unitemized payments made this period of under \$100.	\$
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$

SUBTOTAL \$

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period from 101 2024	CALIFORNIA 460
through 9/21/2024	17 / 20
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Michael Saragosa for Placerville City Council 2024 1472581

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member com	nmunications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and	meetings and appearances		returned contributions
	contribution (explain nonmonetary)*		office expens		SAL	campaign workers' salaries
CVC	civic donations	PET	petition circu	lating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	r Taran	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and s	urvey research		staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, deli	very and messenger services		transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional	services (legal, accounting)		voter registration
LIT	campaign literature and mailings	PRT	print ads		WEB	information technology costs (internet, email)

	DRESS OF PAYEE OR CREDITOR TEE, ALSO ENTER I.D. NUMBER)	CODE	0	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections 2831 G Street #120 Sacramento CA	ID: 95816	OFC			9.50
Election Digest 22410 Hawthorne Boulevard Suite 5 Torrance CA	ID: 90505	LIT			235.00
Senior Advocate 22410 Hawthorne Boulevard Suite 5 Torrance CA	ID:	LIT			377.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$

Schedule E Summary

1.	Payments made this period of \$100 or more. (Include all Schedule E subtotals.)
2.	Unitemized payments made this period of under \$100.
3.	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
4.	Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period from 101 2024	CALIFORNIA 460
through 9/21/2024	18 / 20
	I.D. NUMBER
	545,000,000

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Michael Saragosa for Placerville City Council 2024 1472581 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* office expenses campaign workers' salaries SAL CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events polling and survey research POL TRS staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)* transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings WEB information technology costs (internet, email) PRT print ads NAME AND ADDRESS OF PAYEE OR CREDITOR CODE OR **DESCRIPTION OF PAYMENT AMOUNT PAID** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) WEB 1125.00 Brooke Simmons ID: 6013 Ventura Way El Dorado Hills CA 95762 WEB 1125.00 **Brooke Simmons** ID: 6013 Ventura Way El Dorado Hills CA 95762 **PRO** 185.29 The KAL Group, Inc. ID: 9460 Tegner Road Hilmar CA 95324 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 4286.00 Schedule E Summary Payments made this period of \$100 or more. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100. s_____ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

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S					

Schedule F **Accrued Expenses (Unpaid Bills)**

Type or print in ink. Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period FORM 19/20 I.D. NUMBER

1472581

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Saragosa for Placerville City Council 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries

CVC civic donations PET petition circulating t.v. or cable airtime and production costs TEL candidate filing/ballot fees FIL PHO phone banks TRC candidate travel, lodging, and meals fundraising events POL polling and survey research staff/spouse travel, lodging, and meals

IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor **TSF** LEG

legal defense professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings

PRT print ads WEB information technology costs (internet, email)

		Description	and the state of t					
NAME AND ADDRESS OF (IF COMMITTEE, ALSO ENT	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD			
Michael Saragosa		FIL Filing Fee and Ballot Statement	0.00	706.00	0.00	706.00		
Placerville CA	95667							

summarized on Schedule D.	SUBTOTALS \$	0.00\$	706.00\$	0.00 \$	706.00
Schedule F Summary					
 Total accrued expenses incurred this period. (Include all Schedul accrued expenses of \$100 or more, plus total unitemized accrued 	e F, Column (b) subtotals fo d expenses under \$100.)	r	INCURRED	TOTALS \$	706.00
Total accrued expenses paid this period. (Include all Schedule F, accrued expenses of \$100 or more, plus total unitemized paymer	Column (c) subtotals for parts on accrued expenses un	yments on der \$100.)	PAID	TOTALS \$	0.00
Net change this period. Subtract Line 2 from Line 1. Enter the conthe Summary Page, Column A, Line 9.)	difference here and			NET \$May be a n	706.00

LIT campaign literature and mailings

	edule G		Type or print in ink.	The second secon	SCHEDULE G		
	ments Made by an Agent or Independent atractor (on Behalf of This Committee)	t	Amounts may be rounded to whole dollars.	State	1 01 2024	CALIFORNIA FORM	460
	STRUCTIONS ON REVERSE			through	9/21/2024	20 / 20	
	OF FILER ael Saragosa for Placerville City Council 2024					I.D. NUMBER	
· · · · · · · · · · · · · · · · · · ·	and caragosa for Flacervine oity couries 2024					1472581	
NAME	OF AGENT OR INDEPENDENT CONTRACTOR						
Micha	nel Saragosa		8				
COI	DES: If one of the following codes accurately describes to	he pay	ment, you may enter the code. Otherwis	e, describ	e the payment.		
CMP			member communications		radio airtime and productio	n costs	
CNS		MTG	meetings and appearances	RFD	returned contributions		
СТВ	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries	S	
CVC		PET	petition circulating	TEL	t.v. or cable airtime and pro	oduction costs	
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, a	and meals	
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging		
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committe	es of the same cand	lidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration		

PRT print ads * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
El Dorado County - Department of Elections 330 Fair Lane	ID:	FIL	=			706.00
Placerville CA 95667						
	ID:					
	ID:					
	ID:			8 Z		
-	ID:					
Attach additional information on appropriately labeled conti	nuation sheets.		453		TOTAL*	706.00

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

WEB information technology costs (internet, email)