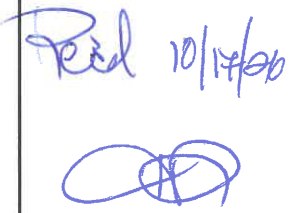


497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Christine Colvin Treshchuk		Date of This Filing 10/17/26	Date Stamp 	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1495315	Report No. 2		
STREET ADDRESS 		☐ Amendment to Report No. _____ (explain below) No. of Pages 1		
CITY Lincoln	STATE CA	ZIP CODE 95648		

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
10/16/26	Placer Business Alliance Candidate PAC FPPC 1463488 	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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