497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Stephanie McCaffery	Date of This Filing 10/14/2024 Report No. 1 ☐ Amendment to Report No. _____ (explain below) No. of Pages 1	Date Stamp Filed OCT 15 2024 Tuolumne County Clerk By _____ Deputy	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [redacted] I.D. NUMBER (if applicable) 1469426			
STREET ADDRESS [redacted]			
CITY Twain Harte / STATE CA / ZIP CODE 95383			

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
10/11/2024	Stephanie McCaffery [redacted] Twain Harte CA 95383	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Employed McCaffrey House B&B	$4,524 ☑ 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