497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER: Stephanie McCaffery	Date of This Filing: 10/18/2024	Date Stamp: Filed OCT 18 2024 Tuolumne County Clerk By _____ Deputy	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER: [redacted] / I.D. NUMBER (if applicable): 1469426	Report No.: 1		For Official Use Only
STREET ADDRESS: [redacted]	☐ Amendment to Report No. _____ (explain below)		
CITY: Twain Harte / STATE: CA / ZIP CODE: 95383	No. of Pages: 1		

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
10/18/2024	Tuolumne County Deputy Sheriffs Association PO Box 5233 Sonora CA 95370	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		5,000 ☐ Check if Loan _____% Provide interest rate
10/18/2024	Cal Fire Local 2881 Small Contributor PAC ID#790318 555 Capitol Mall Ste 400 Sacramento, CA 95814	☐ IND ☐ COM ☐ OTH ☐ PTY ☑ SCC		15,000 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

* 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

Reason for Amendment: _____