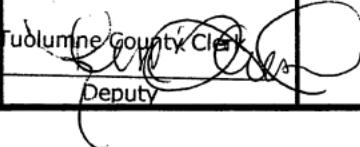


497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Stephanie McCaffery			Date of This Filing 10/21/2024	Date Stamp Filed OCT 22 2024 Tuolumne County Clerk  Deputy	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1469426		Report No. 1		
STREET ADDRESS [REDACTED]			☐ Amendment to Report No. _____ (explain below)		
CITY Twain Harte	STATE CA	ZIP CODE 95383	No. of Pages 1 By _____		

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
10/21/2024	Reelect Jaron Brandon District 5 Supervisor 2024 PO Box 3860 Sonora, CA 95370	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,500 ☐ 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