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 By Deputy
AREA CODE/PHONE NUMBER: [redacted]	I.D. NUMBER (if applicable): 1469426	Report No.: 1	CALIFORNIA FORM 497 — 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
10/21/2024	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