Statement of Organization
Recipient Committee

Statement Type

☐ Initial
○ Not yet qualified
or
◉ Date qualification threshold met
04 / 03 / 2025

☐ Amendment
Date qualification threshold met
____ / ____ / ____

☐ Termination – See Part 5
Date of termination
____ / ____ / ____

Date Stamp
Filed
APR 05 2025
Tuolumne County Clerk
By
Deputy

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

I.D. Number (if applicable) 1479636

NAME OF COMMITTEE
Tim McCaffrey for Tuolumne County Supervisor 2026

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY: Twain Harte | STATE: CA | ZIP CODE: 95383 | AREA CODE/PHONE: [redacted]

FULL MAILING ADDRESS (IF DIFFERENT)
PO Box 214 Twain Harte CA 95383

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
info@timfordistrict3.com

COUNTY OF DOMICILE: Tuolumne
JURISDICTION WHERE COMMITTEE IS ACTIVE: Tuolumne County

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Linda A Enerson

STREET ADDRESS (NO P.O. BOX): [redacted] | CITY: Sonora | STATE: CA | ZIP CODE: 95370

EMAIL ADDRESS OF TREASURER (REQUIRED): treasurer@timfordistrict3.com | AREA CODE/PHONE: [redacted]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Tim McCaffrey

STREET ADDRESS (NO P.O. BOX): [redacted] | CITY: Twain Harte | STATE: CA | ZIP CODE: 95383

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED): info@timfordistrict3.com | AREA CODE/PHONE: [redacted]

3. Verification

I have used all reasonable diligence in preparing this statement to ensure the facts presented herein are true and the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of [redacted]

Executed on April 4, 2025 (DATE) By [redacted] (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on April 4, 2025 (DATE) By [redacted] (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on ____ (DATE) By ____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on ____ (DATE) By ____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME	I.D. NUMBER
Tim McCaffrey for Tuolumne County Supervisor 2026	1479636

- **All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.**

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Bank of Stockton Linda Emerson, Tim McCaffrey	209-532-3631	1395022757

ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
549 South Washington Street	Sonora	CA	95383

4. Type of Committee *Complete the applicable sections.*

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
Tim McCaffrey	Tuolumne County Supervisor, District 3	2026	✓		
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE