

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Tim McCaffrey for Tuolumne County Supervisor 2026			Date of This Filing <u>04/04/2025</u>	Date Stamp Filed APR 05 2025	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1479636		Report No. <u>1</u>	By <u>Tuolumne County Clerk</u> Deputy	
STREET ADDRESS [REDACTED]			☐ Amendment to Report No. _____ (explain below)		
CITY Twain Harte	STATE CA	ZIP CODE 95383	No. of Pages <u>1</u>		

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
04/03/2025	Tim McCaffrey [REDACTED] Twain Harte CA 95383	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	candidate	2000.00 ☒ Check if Loan 0 _____% 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