497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER: Tim McCaffrey for Tuolumne County Supervisor 2026	Date of This Filing: 06/04/25	Date Stamp: Filed JUN 04 2025 Tuolumne County Clerk By _____ Deputy	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER: [redacted] / I.D. NUMBER (if applicable): 1479636	Report No. 3		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
06/03/25	Patricia Rowe [redacted] Soulsbyville CA 95372	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired	1030.00 ☐ Check if Loan _____% Provide interest rate
06/03/25	Jan Verhage PO Box 339 Twain Harte CA 95383	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired	1000.00 ☐ 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: _____