

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

RECEIVED

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CITY OF HEALDSBURG

CALIFORNIA FORM 497
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NAME OF FILER Shaun McCaffery			Date of This Filing 10/23/2024
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1472097		Report No. _____
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY Healdsburg	STATE Ca	ZIP CODE 95448	No. of Pages _____

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
10/23/2024	Shaun McCaffery [REDACTED] Healdsburg, Ca 95448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	O:General Manager E: Alio Labs, Inc.	\$1000.00 <input checked="" type="checkbox"/> Check if Loan 0% Provide interest rate
10/23/2024	Serena Lourie [REDACTED] Healdsburg, Ca, 95448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	O:Wine Sales E:Cartograph	\$1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/23/2024	Brian Spiers [REDACTED] Geyserville, Ca, 95441	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	O:Builder E:Brian Speers Development	\$1000.00 <input type="checkbox"/> 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: _____