									6	310 11 12 AM P		
В	ehested Pa	vment R	eport				Amenda	nent of	Filing /	Date Stamp (Agency)	CALIFORN	UA
	Public Docu	-					Check box	x if an Am	nendment	JUN 1 1 2024	FORM	803 AIR
0.2	pe or Print in Ink.					-	(Mont	th, Day, Yea	0 60	CITY CLERK	(a)	
_		CDU C				#-	Confirm	mation Numb	per	and the second	67	
١.	Elected Officer		Member (Last name, Firs	t name)	IAGE	ENCY NAME:			AGENCY STE	REET ADDRESS:		
	Nancy Young	OK CFOC ME	WIDER.		100000	y of Tracy				Center Plaza, Trac	CA 95376	
		TACT DEDSON	I (NAME AND TITLE):			A CODE/PHONE	NIIMRER.		E-MAIL:	Comor Flaza, Frac	, or (000) 0	
	Nancy Young ((NAME AND TITLE).			LA CODE/I HONE	NOMBEN.		r			
2.	Payor Informa	tion (For add	ditional payors, include an a	attachment with t	he names, a	addresses, and p	proceeding is	nformatio	n)			
	NAME:				ADDRES	S:				CITY:	STATE:	ZIP CODE:
	Good Samarita	in Commun	ity Services		PO Bo	x 642				Tracy	CA	95378-0642
	Donor Advised (see instru	Fund (DAF)	AF NAME:				DONOR(S)	AND DON	OR'S ADVISOR	(SEE INSTRUCTIONS.)		
	☐ Payor is a name	ed party or the	subject of a proceeding be-	fore my agency.	BRIEF DE	ESCRIPTION OF	PROCEEDIN	NGS:				
3.	Payee Informa	tion (For add	ditional payees, include an	attachment with	the names,	addresses and r	relationship	informatio	on)			
	NAME:				DRESS:					CITY:	STATE:	ZIP CODE:
	See Attached		,	1								
	For a nonprofit org capacity (board mer	anization paye	ee, provide a brief description ve officer) or position on an I	n of any relationsh nonorary or adviso	ip to the officery board.	cial, official's imm	ediate family	member	or staff membe	r in the role of founder, sa	alaried employee, dec	sision-making
	NAME AND TITLE:			RC	OLE WITH TH	HE NONPROFIT	ORGANIZAT	ION:	E	BRIEF DESCRIPTION:		
	D					1 1 11 1	1.1					
+.		LONG STANCE	mplete all information. For			z 11.1.2200.000 200.000 00.000 00.000		511	DD005	DESCRIBE THE L	EGISLATIVE, GOVE LE PURPOSE, OR EV	RNMENTAL
	DATE (MONTH/DAY/YEAR)	AMOUNT	PAYMENT	IANE R	RIEF DESCR	IPTION OF IN-KINI	DPAYMENT		RPOSE SLATIVE	CHARITABI	LE PURPOSE, OR E	/ENT:
	See Attached		✓ MONETARY DON	- A POR A CONTROL OF THE PROPERTY OF THE PROPE				GOV	ERNMENTAL RITABLE			
			MONETARY DON	NATION					SLATIVE ERNMENTAL			
			☐ IN-KIND GOODS	OR SERVICES				☐ CHA				
	The (DATE/AMOUNT Information.	is an est	imate and reflects my best	efforts at obtainin	g the accura	ate REASON F	OR ESTIMAT	ΓE:		9		
5.	Amendment D	escription	and/or Comments (Provide date of o	riginal filing	or confirmation i	number in P	art 1.)				
	This is a list of	benefit pay	ments for the Mayor's	s Ball Event 9	/23 where	ein the funds	came to a	and fron	n Good Sar	n, paid by ticket do	onations & varies	sponsorships
3.	Verification											
	I certify, under pen-	alty of perjury	under the laws of the State	of California, tha	at to the bes	t of my knowled	ge, the infor	mation co	ontained herei	n is true and complete.		
	Executed on 6/10	0/2024 DATE		Ву		0.0			,			03 (February/2022 dvice@fppc.ca.go
											-	O. P. D. O.

Attachment to Form 803 (2023A) - Mayor Nancy Young

Event: Mayor's Ball 2023

Section 3 Payee Information	Name	Address	City	St. L.		Section 4 Payment Information		Payment		
1	Name Tracy Educational Excellence Education (TEEF)	Address 793 S. Tracy Blvd. #142	City Tracy	State CA	Zip 95304	9/2/2023	\$ 2,500.00	Type Monetary	Purpose Charitable	Describe Purpose This was a mayor's ball highlighting Behavorial and Mental Health and organziations were chosen on their work in the community in that field
I	ganization payee, provide a brief descrip der, salaried employee, decision-making									
	NAME AND TITLE:	ROLE WITH THE NONPROFIT ORGANIZATION:	BRIEF DESCRIPTION:							
	NAME AND TITLE: None Name		BRIEF DESCRIPTION: None City	State	Zip					

	NAME AND TITLE:	ROLE WITH THE NONPROFIT ORGANIZATION:	BRIEF DESCRIPTION:							
	None	None	None							
3	Delta Sigma Theta Sorority, Tra	P.O. Box 1240	Tracy	CA	95378	9/2/2023	\$ 2,500.00	Monetary	Charitable	This was a mayor's ball highlighting Behavorial and Mental Health and organziations were chosen on their wor in the community in that field
r a nonprofit	 I organization payee, provide a brief descrip 	I tion of any relationship to the office	I cial, official's immediate fami	 ly member or st	aff member			<u> </u>		
	NAME AND TITLE:	ROLE WITH THE NONPROFIT ORGANIZATION:	BRIEF DESCRIPTION:							
	None	None	None							
4	The VOIC	213 W. 11th Street	Tracy	CA	95376	9/2/2023	\$ 2,500.00	Monetary	Charitable	This was a mayor's ball highlighting Behavorial and Mental Health and
										organziations were chosen on their wor in the community in that field
										organziation chosen on the in the comm
or a nonprofit	organization payee, provide a brief descrip		cial, official's immediate fami	ly member or st	aff member					organziations wer chosen on their w in the community
or a nonprofit	organization payee, provide a brief descrip	tion of any relationship to the office ROLE WITH THE NONPROFIT ORGANIZATION:	cial, official's immediate fami	ly member or st	aff member					organziations were chosen on their wo in the community

5	AAAMotivated organization payee, provide a brief descrip	2709 Almanor	Tracy	CA	95377	9/2/2023	\$ 2,500.00	Monetary	Charitable	This was a mayor's ball highlighting Behavorial and Mental Health and organziations were chosen on their work in the community in that field
roi a nonprone c	NAME AND TITLE:	ROLE WITH THE NONPROFIT ORGANIZATION:	BRIEF DESCRIPTION:	member of sta	iii member					
6	None Sow a Seed Community Found	None 42 W. 8th Street	Tracy	CA	95376	9/7/2023	\$ 1,850.00	Monetary	Charitable	This was a mayor's ball highlighting Behavorial and Mental Health and organziations were chosen on their work in the community in that field
For a nonprofit of	organization payee, provide a brief descrip	otion of any relationship to the office	ial, official's immediate family	member or sta	off member			I		
	NAME AND TITLE:	ROLE WITH THE NONPROFIT ORGANIZATION:	BRIEF DESCRIPTION: None							
7	Tracy Golden Agers	375 East 9th Street	Tracy	CA	95376	9/7/2023	\$ 1,850.00	Monetary	Charitable	This was a mayor's ball highlighting Behavorial and Mental Health and organziations were chosen on their work in the community in that field

A-Z Psychotherapy 35 10th Street, Tracy Tracy CA 95376 9/7/2023 \$ 1,850.00 Monetary Charitable This was a reball highligh Behavorial is description of any relationship to the official, official's immediate family member or staff member ROLE WITH THE NONPROFIT		NAME AND TITLE:	ROLE WITH THE NONPROFIT ORGANIZATION:	BRIEF DESCRIPTION:							
ball highlight Behavorial and Mental Heat organization organization payee, provide a brief description of any relationship to the official, official's immediate family member or staff member ROLE WITH THE NONPROFIT		None	None	None							
ROLE WITH THE NONPROFIT	8	A-Z Psychotherapy	35 10th Street, Tracy	Tracy	CA	95376	9/7/2023	\$ 1,850.00	Monetary	Charitable	This was a mayor's ball highlighting Behavorial and Mental Health and organziations were chosen on their wo in the community in that field
	a nonprofit orga	anization payee, provide a brief descr	iption of any relationship to the offic	ial, official's immediate fami	y member or st	aff member					
		NAME AND TITLE:		BRIEF DESCRIPTION:							