

Behested Payment Report

A Public Document

Type or Print in Ink.

<input type="checkbox"/> Amendment of Filing <input type="checkbox"/> Check box if an Amendment	Date Stamp (Agency)	CALIFORNIA FORM 803
	JUN 11 2024 CITY CLERK TRACY CA	
_____ (Month, Day, Year)	_____ Confirmation Number	

1. Elected Officer or CPUC Member (Last name, First name)

ELECTED OFFICER OR CPUC MEMBER: Nancy Young	AGENCY NAME: City of Tracy	AGENCY STREET ADDRESS: 333 Civic Center Plaza, Tracy, CA 95376
DESIGNATED CONTACT PERSON (NAME AND TITLE): Nancy Young (Mayor)	AREA CODE/PHONE NUMBER: [REDACTED]	E-MAIL: [REDACTED]

2. Payor Information (For additional payors, include an attachment with the names, addresses, and proceeding information)

NAME: Good Samaritan Community Services	ADDRESS: PO Box 642	CITY: Tracy	STATE: CA	ZIP CODE: 95378-0642
<input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)	DAF NAME:	DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS)		
<input type="checkbox"/> Payor is a named party or the subject of a proceeding before my agency.		BRIEF DESCRIPTION OF PROCEEDINGS:		

3. Payee Information (For additional payees, include an attachment with the names, addresses and relationship information)

NAME: See Attached	ADDRESS:	CITY:	STATE:	ZIP CODE:
For a nonprofit organization payee, provide a brief description of any relationship to the official, official's immediate family member or staff member in the role of founder, salaried employee, decision-making capacity (board member or executive officer) or position on an honorary or advisory board.				
NAME AND TITLE:	ROLE WITH THE NONPROFIT ORGANIZATION:	BRIEF DESCRIPTION:		

4. Payment Information (Complete all information. For estimated payment information check the box below.)

DATE (MONTH/DAY/YEAR)	AMOUNT	PAYMENT TYPE	BRIEF DESCRIPTION OF IN-KIND PAYMENT	PURPOSE	DESCRIBE THE LEGISLATIVE, GOVERNMENTAL, CHARITABLE PURPOSE, OR EVENT:
See Attached		<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	
		<input type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE	

The _____ (DATE/AMOUNT) is an estimate and reflects my best efforts at obtaining the accurate information.

REASON FOR ESTIMATE:

5. Amendment Description and/or Comments (Provide date of original filing or confirmation number in Part 1.)

This is a list of benefit payments for the Mayor's Ball Event 9/23 wherein the funds came to and from Good Sam, paid by ticket donations & varies sponsorships

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 6/10/2024
DATE

By _____

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

Event: Mayor's Ball 2023

Section 3 Payee Information						Section 4 Payment Information				
	Name	Address	City	State	Zip	Date	Amount	Payment Type	Purpose	Describe Purpose
1	Tracy Educational Excellence Education (TEEF)	793 S. Tracy Blvd. #142	Tracy	CA	95304	9/2/2023	\$ 2,500.00	Monetary	Charitable	This was a mayor's ball highlighting Behavioral and Mental Health and organizations were chosen on their work in the community in that field
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	NAME AND TITLE:	ROLE WITH THE NONPROFIT ORGANIZATION:	BRIEF DESCRIPTION:							
	None	None	None							
	Name	Address	City	State	Zip					
2	Tracy Tree Foundation	P.O. Box 261	Tracy	CA	95378	9/2/2023	\$ 2,500.00	Monetary	Charitable	This was a mayor's ball highlighting Behavioral and Mental Health and organizations were chosen on their work in the community in that field

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	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 Behavioral and Mental Health and organizations were chosen on their work in the community in that field

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	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 Behavioral and Mental Health and organizations were chosen on their work in the community in that field

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	NAME AND TITLE:	ROLE WITH THE NONPROFIT ORGANIZATION:	BRIEF DESCRIPTION:		
	None	None	None		

5	AAAMotivated	2709 Almanor	Tracy	CA	95377	9/2/2023	\$ 2,500.00	Monetary	Charitable	This was a mayor's ball highlighting Behavioral and Mental Health and organziations were chosen on their work in the community in that field
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	NAME AND TITLE:	ROLE WITH THE NONPROFIT ORGANIZATION:	BRIEF DESCRIPTION:		
	None	None	None		

6	Sow a Seed Community Founda	42 W. 8th Street	Tracy	CA	95376	9/7/2023	\$ 1,850.00	Monetary	Charitable	This was a mayor's ball highlighting Behavioral and Mental Health and organziations were chosen on their work in the community in that field
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	NAME AND TITLE:	ROLE WITH THE NONPROFIT ORGANIZATION:	BRIEF DESCRIPTION:		
	None	None	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 Behavioral and Mental Health and organziations were chosen on their work in the community in that field
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	None	None	None		
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8	A-Z Psychotherapy	35 10th Street, Tracy	Tracy	CA	95376
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9/7/2023	\$ 1,850.00	Monetary	Charitable	This was a mayor's ball highlighting Behavioral and Mental Health and organizations were chosen on their work in the community in that field
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	None	None	None		
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