

Behested Payment Report

A Public Document

Type or Print in Ink.

<input type="checkbox"/> Amendment of Filing Check box if an Amendment _____ (Month, Day, Year)	Date Stamp (Agency) 	CALIFORNIA FORM 803
# _____	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 A Mayor's Benefit Event wherein all 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 _____
SIGNATURE

Attachment to Form 803 (2021A) - Mayor Nancy Young

Event: Mayor's Benefit 2021

Section 3 Payee Information						Section 4 Payment Information				
	Name	Address	City	State	Zip	Date	Amount	Payment Type	Purpose	Describe Purpose
1	Tracy Community Connections Center	35 10 th Street	Tracy	CA	95376	9/11/2021	\$ 23,426.00	Monetary	Charitable	This was a benefit ball highlighting homelessness and organizations were chosen on their work in the community on homelessness
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:							
	None	None	None							
	Name	Address	City	State	Zip					
2	Boys and Girls Club of Tracy	753 W. Lowell Ave	Tracy	CA	95376	9/11/2021	\$ 23,426.00	Monetary	Charitable	This was a benefit ball highlighting homelessness and organizations were chosen on their work in the community on homelessness
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:							
	None	None	None							