

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Dotty Nygard for City Council 2024		Date of This Filing 11/05/2024	<div style="border: 2px solid red; border-radius: 50%; padding: 10px; display: inline-block;"> <p style="font-size: 8px; margin: 0;">Date Stamp</p> <p style="font-size: 24px; font-weight: bold; margin: 0;">RECEIVED</p> <p style="font-size: 18px; font-weight: bold; margin: 0;">NOV - 5 2024</p> <p style="font-size: 12px; margin: 0;">CITY CLERK TRACY CA</p> </div>	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (209) 222-8164	I.D. NUMBER (if applicable) 1471637	Report No. 5		For Official Use Only
STREET ADDRESS 11 S San Joaquin St Ste 906		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Stockton	STATE CA	ZIP CODE 95202		No. of Pages 1

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
11/04/2024	Ransom for Assembly 2024 1 W Manchester Blvd, Suite 700 Inglewood, CA 90301 Committee ID # 1465179	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<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: _____

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NAME OF FILER Dotty Nygard for City Council 2024		Date of This Filing 10/30/2024		CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (209)222-8164	I.D. NUMBER (if applicable) 1471637	Report No. 4		
STREET ADDRESS 11 S San Joaquin St Ste 906		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Stockton	STATE CA	ZIP CODE 95202		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/29/2024	Sandra Hernandez [REDACTED] Tracy, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/29/2024	North Valley Labor Federation Committee on Political Education 312 Clay Street, Suite 300 Oakland, CA 94607 Committee ID # 1328933	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate


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NAME OF FILER Dotty Nygard for City Council 2024		Date of This Filing 09/27/2024	Date Stamp 	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1471637	Report No. 3		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Stockton	STATE CA	ZIP CODE 95202	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
09/27/2024	BIAGV San Joaquin PAC 1701 W March Lane, Suite F Stockton, CA 95207 Committee ID # 1381858	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1471637	Report No. <u>2</u>			
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Stockton	STATE CA	ZIP CODE 95202	No. of Pages <u>1</u>		

1. Contribution(s) Received

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09/23/2024	Operating Engineers 3 Dist. #30 PAC 3000 Clayton Road Concord, CA 94519 Committee ID # 891397	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1471637	Report No. <u>1</u>		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Stockton	STATE CA	ZIP CODE 95202	No. of Pages <u>1</u>	

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09/16/2024	Golden State Voter Participation Project 455 Capitol Mall, Ste 600 Sacramento, CA 95814 Committee ID # 1345010	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,446.50
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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