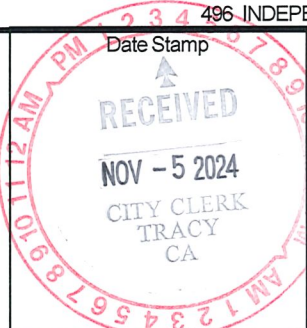


496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER COMMITTEE FOR JOBS AND SAFE STREETS		Date of This Filing <u>11/05/2024</u>	Date Stamp 	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (415) 389-6800	I.D. NUMBER (if applicable) 1472345	Report No. <u>20241018DN</u>		
STREET ADDRESS 2350 KERNER BLVD., SUITE 250		<input checked="" type="checkbox"/> Amendment to Report No. <u>20241018DN</u> (explain below)		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	No. of Pages <u>1</u>	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Dotty Nygard				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD City Council Member City of Tracy	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/18/2024	TEXT, DATA, AND MAILER Cumulative to date total \$13377.77	6,405.65
10/18/2024	TEXT MESSAGES Cumulative to date total \$13377.77	44.45

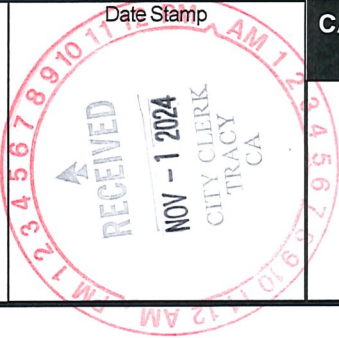
UPDATE INDEPENDENT EXPENDITURE COSTS

Reason for Amendment: _____

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER COMMITTEE FOR JOBS AND SAFE STREETS		Date of This Filing <u>11/01/2024</u>	Date Stamp 	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (415) 389-6800	I.D. NUMBER (if applicable) 1472345	Report No. <u>20241101DN</u>		
STREET ADDRESS 2350 KERNER BLVD., SUITE 250		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Dotty Nygard				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD City Council Member City of Tracy	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

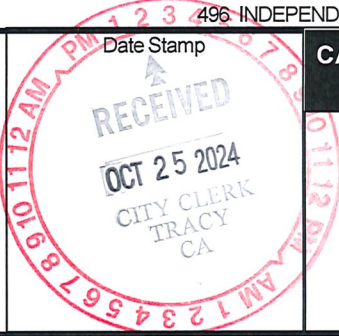
DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
11/01/2024	TEXT MESSAGES Cumulative to date total \$13333.32	1,285.00

Reason for Amendment: _____

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER COMMITTEE FOR JOBS AND SAFE STREETS		Date of This Filing 10/25/2024		CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (415) 389-6800	I.D. NUMBER (if applicable) 1472345	Report No. 20241024DN		
STREET ADDRESS 2350 KERNER BLVD., SUITE 250		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901		No. of Pages 1

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Dotty Nygard				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD City Council Member City of Tracy	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

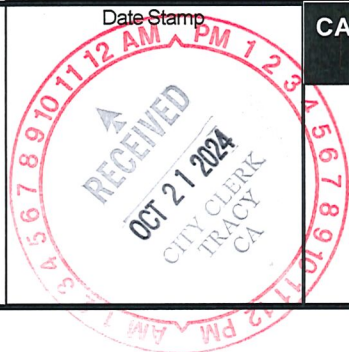
DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/24/2024	SMS TEXT Cumulative to date total \$12048.32	1,026.16

Reason for Amendment: _____

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER COMMITTEE FOR JOBS AND SAFE STREETS		Date of This Filing <u>10/21/2024</u>	Date Stamp 	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (415) 389-6800	I.D. NUMBER (if applicable) 1472345	Report No. <u>20241018DN</u>		
STREET ADDRESS 2350 KERNER BLVD., SUITE 250		<input checked="" type="checkbox"/> Amendment to Report No. <u>20241018DN</u> (explain below)		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901		No. of Pages <u>1</u>

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Dotty Nygard				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD City Council Member City of Tracy	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/18/2024	TEXT, DATA, AND MAILER Cumulative to date total \$11022.16	6,405.65

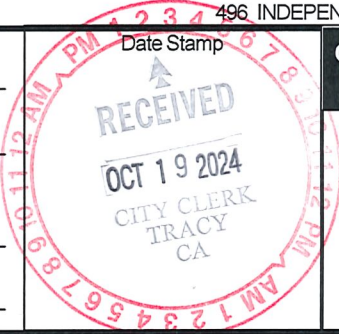
UPDATE INDEPENDENT EXPENDITURE COSTS

Reason for Amendment: _____

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER COMMITTEE FOR JOBS AND SAFE STREETS			Date of This Filing <u>10/19/2024</u>			CALIFORNIA FORM 496		
AREA CODE/PHONE NUMBER (415) 389-6800		I.D. NUMBER (if applicable) 1472345	Report No. <u>20241018DN</u>			For Official Use Only		
STREET ADDRESS 2350 KERNER BLVD., SUITE 250								
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901						
<input type="checkbox"/> Amendment to Report No. _____ (explain below)								
No. of Pages <u>1</u>								

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Dotty Nygard				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED						
OFFICE SOUGHT OR HELD City Council Member City of Tracy		DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER		JURISDICTION		SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

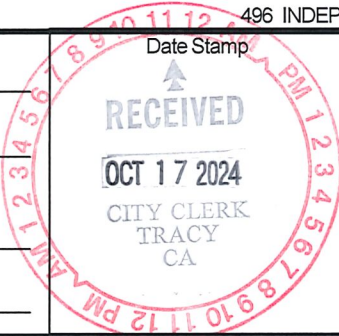
DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/18/2024	TEXT AND DATA Cumulative to date total \$6405.65	1,789.14

Reason for Amendment: _____

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER COMMITTEE FOR JOBS AND SAFE STREETS		Date of This Filing <u>10/17/2024</u>	Date Stamp 	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (415) 389-6800	I.D. NUMBER (if applicable) 1472345	Report No. <u>20241011DN</u>		
STREET ADDRESS 2350 KERNER BLVD., SUITE 250		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Dotty Nygard				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD City Council Member City of Tracy	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/11/2024	Mailer Cumulative to date total \$4616.51	4,366.51
10/11/2024	Design for Mailer Cumulative to date total \$4616.51	250.00

Reason for Amendment: _____