Nancy D. Your	ng (Nancy Young for Tracy Mayor 2018) Date of This Filir		Date Stamp	CALIFO FOR	
REA CODE/PHONE NU TREET ADDRESS ITY Tracy		o. 2018 ¹ 4 ¹ 61 2018 NO\ Iment No. CITY	ERK'S ÖFFICE /-7 PM 4:58 OF TRACY RACY, CA	For	Official Use Only
. Contributio	n(s) Received		-		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EN (IF SELF-EMPLOYED, ENTER NAME O	(PLOYER F BUSINESS)	AMOUNT RECEIVED
11/06/2018	Sandra L. Hernandez Tracy, CA 95376		Retired		1,500.00 Check if Loan Provide interest rate
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC			☐ Check if Loan ———————————————————————————————————
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan ———————————————————————————————————

Reason for Amendment: _

**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

NAME OF FILER Nancy D. Yo	oung (Nancy Young for Tracy Mayor 201	8) Date of 11/07/2018	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE		Report No. 2018-4		For Official Use Only	
STREET ADDRESS CITY Tracy		Amendment to Report No			
2. Contribut	ion(s) Made				
DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	RECIPIENT CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF	DATE OF ELECTION (IF APPLICABLE)	
Reason for Amer	ndment:		FPPC Advice: adv	FPPC Form 497 (Jul/2016) rice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov	

497	Con	tribu	ution	Report
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Amounts may be rounded to whole dollars.

NAME OF FILER	on (None of None of a Trans Mayor 2010)	Date of This Filing	10/22/2018	Date Stamp CALIFO FOR	
AREA CODE/PHONE NU	ng (Nancy Young for Tracy Mayor 2018) MBER I.D. NUMBER (if applicable) 1405285	Report No	2018-3	CITY CLERK'S OFFI FOR 2018 OCT 23 AM 7: 30	Official Use Only
STREET ADDRESS		Amendment to Report No.		CITY OF TRACY TRACY, DA	
CITY Tracy	STATE ZIP CODE CA 95376	No. of Pages	2	ENAUY, DA	
1. Contributio	n(s) Received				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT	ror	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/22/2018	Eggman for Assembly 2018 2200-B Douglas Blvd. #140 Roseville, CA 95661		☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		2,500.00 Check if Loan ** Provide interest rate
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan % Provide interest rate
			IND COM OTH PTY SCC		☐ Check if Loan ———————————————————————————————————
Reason for Amendr	nent:			**Contributor Codes IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business enti PTY – Political Party SCC – Small Contributor Commit	(y)

NAME OF FILER Nancy D. Your	ng (Nancy Young for Tracy Mayor 2018)	Date of This Filing 10/22/2018	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NU		Panart No. 2018-3		For Official Use Only	
	1405285	Report No			
STREET ADDRESS		Amendment to Report No (explain below)			
CITY	STATE ZIP CODE	No. of Pages2			
Tracy	CA 95376	No. or rages			
2. Contribution	n(s) Made				
DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF REC (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TENT CANDIDATE AND OFFICE OR MEASURE AND JURISDICTI	AMOUNT OF	DATE OF ELECTION (IF APPLICABLE)	
Reason for Amendm	nent:		FPPC Advice: adv	FPPC Form 497 (Jul/2016) vice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov	

497	Con	tribu	ution	Report	
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Amounts may be rounded to whole dollars.

Name of Filer Nancy D. Young (Nancy Young for Tracy Mayor 2018) AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)			Date of This Filing 1	0/11/2018	RECEIVED CLERK'S OFFICE	CALIFO FOR		
STREET ADDRESS	14	\$TATE	ZIP CODE 95376	Amendmer to Report No. (explain below)	2018 	OCT 15 AM II: 27 ITY OF TRACY TRACY CA		
Tracy 1. Contribution	n(s) Received	CA	9 0070	1				
DATE RECEIVED	FULL NAME, S	TREET ADDRESS ANI (IF COMMITTEE, ALSO EN	O ZIP CODE OF CONTRIBUT	FOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF	PLOYER BUSINESS)	AMOUNT RECEIVED
10/11/2018	Walter J. McInnis Tracy, CA 95376				IND	Retired		\$1,000.00 Check if Loan ** Provide interest rate
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC			☐ Check if Loan
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC			☐ Check if Loan
Reason for Amendr	nent:					**Contributor Codes IND — Individual COM — Recipient Com OTH — Other (e.g., bu PTY — Political Party SCC — Small Contribu	siness entity	"

NAME OF FILER	ing (Nancy Young for Tracy Mayo	r 2018)	Date of This Filing 10/11/2018	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE N			Report No. 2018-2		For Official Use Only	
STREET ADDRESS CITY Tracy	STATE CA	ZIP CODE 95376	Amendment to Report No (explain below) No. of Pages2			
2. Contributio	on(s) Made					
DATE MADE	FULL NAME, STREET ADDRESS AND ZIP C (IF COMMITTEE, ALSO ENTER I.D. NI	ODE OF RECIPIENT JMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTIC	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)	
Reason for Amend	ment:			FPPC Advice: ad	FPPC Form 497 (Jul/2016) vice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov	

Amounts may be rounded to whole dollars.

NAME OF FILER Nancy D. Your AREA CODE/PHONE NU STREET ADDRESS CITY Tracy 1. Contribution	1405285 STATE ZIP CODE CA 95376	Date of This Filing Report No Amendment to Report No. (explain below) No. of Pages	nt	CALIFORNIC RECEIVED RECEIVED RECEIVED FOR SOLUTION OF TRACTOR	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT	TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/12/2018	Cynthia Gustafson Tracy, CA 95304		IND COM OTH PTY SCC	Principal, Comfort Keepers (Livermore)	1,000.00 ☐ Check if Loan ———————————————————————————————————
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan ———————————————————————————————————
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan Provide interest rate
Reason for Amendm	nent:			**Contributor Codes IND - Individual COM - Recipient Committee (oth OTH - Other (e.g., business entil PTY - Political Party SCC - Small Contributor Commit	y)

NAME OF FILER Nancy D. You AREA CODE/PHONE N STREET ADDRESS CITY Tracy 2. Contribution	1405285 STATE ZIP CODE CA 95376	Date of This Filing 09/13/2018 Report No. 2018-1 Amendment to Report No. (explain below) No. of Pages 2	Date Stamp	FORM 497 For Official Use Only
DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
Reason for Amend	ment:		FPPC Advice: advice	FPPC Form 497 (Jul/2016) @fppc.ca.gov (866/275-3772) www.fppc.ca.gov