# Behested Payment Report — A Public Document

Behested Payment Report

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

Clinton J. Olivier

**Agency Name**

City of Fresno

**Agency Street Address**

2600 Fresno Street

**Designated Contact Person** *(Name and title, if different)*

Claudia Ruiz

**Area Code/Phone Number**: 559-621-7873

**E-mail** *(Optional)*: claudia.ruiz@fresno.gov

Date Stamp: RECEIVED 2013 JUL -9 AM 8:40 CITY CLERK, FRESNO CA

California Form 803

For Official Use Only

☐ **Amendment** *(See Part 5)*

**Date of Original Filing:** 7/08/2013 *(month, day, year)*

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

Granville Management (Name)

1396 W. Herndon Ave., Suite 101 (Address) | Fresno (City) | CA (State) | 93711 (Zip Code)

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

Fresno United Neighborhoods (Name)

1515 East Divisadero Street (Address) | Fresno (City) | CA (State) | 93721 (Zip Code)

**4. Payment Information** *(Complete all information.)*

**Date of Payment:** 6/24/2013 *(month, day, year)*

**Amount of Payment:** *(In-Kind FMV)* $ 12,000.00 *(Round to whole dollars.)*

**Payment Type:** ☒ Monetary Donation **or** ☐ In-Kind Goods or Services *(Provide description below.)*

**Brief Description of In-Kind Payment:**

**Purpose:** *(Check one and provide description below.)* ☐ Legislative ☐ Governmental ☒ Charitable

**Describe the legislative, governmental, charitable purpose, or event:** his donation will be used to fund the Senior Hot Meals Program at the Lafayette Neighborhood Center in the Seventh District.

**5. Amendment Description or Comments**

**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 July 8, 2013 (DATE) By [signature] (SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER)