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 Fresno CA 93721

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

Claudia Ruiz--Chief of Staff

Area Code/Phone Number	**E-mail** *(Optional)*
559-621-7872	claudia.ruiz@fresno.gov

Date Stamp: RECEIVED
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California Form 803
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☐ **Amendment** *(See Part 5)*

Date of Original Filing: 7/8/2013 *(month, day, year)*

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

Glass King Inc.
Name

PO BOX 26122	Fresno	CA	93729
Address	City	State	Zip Code

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

Vernon Huebschwerlen
Name

3049 E McKenzie Ave	Fresno	CA	93701
Address	City	State	Zip Code

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

Date of Payment: 6/15/2013 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 294.46 *(Round to whole dollars.)*

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

Brief Description of In-Kind Payment: Windows were installed in the garage for Mr. Huebschwerlen he has repeatedly replaced them due to burglaries.

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

Describe the legislative, governmental, charitable purpose, or event:

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)