

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Bredefeld, Garry		Date Stamp RECEIVED 2021 DEC 17 P 2:15 CITY OF FRESNO CITY CLERK'S OFFICE	California Form 803 For Official Use Only
Agency Name City of Fresno			
Agency Street Address 2600 Fresno Street			
Designated Contact Person (Name and title, if different) Garry Bredefeld, Councilmember			
Area Code/Phone Number (559) 621-8000	E-mail (Optional) Garry.Bredefeld@fresno.gov		
		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ (month, day, year)	

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

Bredefeld Family Foundation

Name	125 Maple Avenue, Suite C	Chester	NJ	07930
Address		City	State	Zip Code

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

Fresno Furry Friends

Name	P.O. Box 25342	Fresno	CA	93729
Address		City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 11/28/21 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 10,000 (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: Supporting efforts to rescue homeless animals.

5. Amendment Description and/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 12/07/21 DATE

By Garry Bredefeld SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER