

Behested Payment Report

A Public Document

Behested Payment Report

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

**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.)

Kirkland Foundation

Name	12950 N. Willow Avenue	Clovis	CA	93619
Address		City	State	Zip Code

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

Date of Payment: 12/1/21 Amount of Payment: (In-Kind FMV) \$ 5,000

(month, day, year) (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 By Garry Bredefeld

DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER