

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		Date Stamp RECEIVED 2021 DEC 17 P 2:15 CITY OF FRESNO CITY CLERK'S OFFICE <input type="checkbox"/> Amendment (See Part 9) Date of Original Filing: _____ (month, day, year)	California Form 803 For Official Use Only
Bredefeld, Garry			
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	E-mail (Optional)		
(559) 621-8000	Garry.Bredefeld@fresno.gov		

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

Mitchell Bredefeld

Name

23805 Stuart Ranch Road

Malibu

CA

90265

Address

City

State

Zip Code

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

Stephanie Budd

Name

1524 W. Menlo Avenue

Fresno

CA

93711

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 8/7/21
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 5,000
(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: Assisting Mrs. Budd with paying bills due to husband's illness.

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 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER