В	Behested Payment Re	port A Public Doc	A Public Document \/ F	
7.	. Elected Officer or CPUC	Member (Last name, First name)	Date Stamp	California 803
	Ashley Swearengin	201116: 4515	000 10 00	Form For Official Use Only
	Agency Name	ZU16 HF	R IB AM 10 33	1 of Official Ose Offig
	City of Fresno Agency Street Address			
	70 YO	CITY	CLERK, FRESNO CA	
	2600 Fresno Street Designated Contact Person (Name and title, if different)			
			Amendment (See Part 5)	
	Area Code/Phone Number	E-mail (Optional)	Date of Original Filing: _	(month, day, year)
_	(559) 621-8000			(monus, day, year)
2.	Payor Information (For ad	ditional payors, include an attachment with the name	es and addresses.)	
	Community Medical Center	s		
	PO Box 1232	Fresno	CA	93715
_	Address	City	State	Zip Code
3.	Payee Information (For ad	ditional payees, include an attachment with the name	es and addresses,)	
	Silvercrest Inc.			
	Name			
	1331 Fulton Mall	Fresno	CA	93721
	Payment Information (Col	City	State	Zip Code
	Date of Payment: 11/20/15 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 50,000 (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.)			
	Amendment Description and/or Comments			
	The Mayor's Office was made aware that this contribution was received, and the exact amount on 4/6/16.			
6.	Verification			
	certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained nerein is true and complete.			
	Executed on04/11	/16 By Gelle	SMATURE OF ELECTED OFFICER OR CPUC	MENDED