В	ehested Payment Re	port	A Public Document			Behested Payment Report
<b>7</b> .	Elected Officer or CPUC	Member (Last nam	e, First name)	R	E U Sale Stamp	California 803
	Swearengin, Ashley				:0	roilli
	Agency Name			2010 40	V30 AM 9: 42	For Official Use Only
	The City of Fresno			CITY CI	_ERK, FRESNO CA	
	Agency Street Address					
	2600 Fresno Street - Fresno, California 93721					
	Designated Contact Person (Name and title, if different)			[	Amendment (See Part 5)	
	Area Code/Phone Number   E-meil (Outlean)				Date of Original Filing:11/30/2010	
	Area Code/Phone Number	E-mail (Optional)				(month, day, year)
-	(559) 621-8000	<u></u>				
۷.	Payor Information (For additional payors, include an attachment with the names and addresses.)					
	Kaiser Permanente Fresno	Medical Center				
			_		0.4	22722 22.42
	7300 North Fresno Street		Fresno City		CA State	93720-2942 Zip Code
3	Pavee Information (For ad	ditional pougos, includo	·			Zip Code
٠.	Payee Information (For additional payees, include an attachment with the names and addresses.)					
	United Way of Fresno County (Accepting as fiscal agent for Fresno First Steps Home)					
	Name		_		•	00707
	4949 East Kings Canyon Ro Address	oad	Fresno		CA State	93727 Zip Code
7	Dayment Information		Olly College		Otale	249 0000
4.	Payment Information (Complete all information.)  Date of Payment: 11/22/10 Amount of Payment: (In-Kind FMV) \$ 30,000 (Round to whole dollars.)					
	Date of Payment:	2/10 day, year) Ar	mount of Payment: (//n	-Kind FMV)	\$ 30,000	
	Payment Type:   ☑ Monetary Donation or ☐ In-Kind Goods or Services (Provide description below.)					
	Brief Description of In-Kind Payment:					
						·
	Purpose: (Check one and provide of		_	overnm	<del></del>	
	Describe the legislative, governmental, charitable purpose, or event:  Donation to Fresno First Steps Home					
	(through fiscal agent United Way) for ending and preventing the cycle of homelessness.					
5	Amendment Description or Comments					
J.	Amendment Description	or comments				
	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.	under the laws of the	e State of California, that	to the bes	st of my knowledge, the	information contained
	and the same of the same					
			() 10			
	Executed on11/29	/2010	By Wille	Julu	concuja	
	n.	ATE	· ·	GMATURE OF	ELECTED DEFINER OR COLIC	ACMBCD