

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		RECEIVED Date Stamp 2011 NOV 15 PM 12:38 CITY CLERK, FRESNO CA	California Form 803 For Official Use Only
Swearengin, Ashley			
Agency Name			
The City of Fresno			
Agency Street Address			
2600 Fresno Street - Fresno, California 93721			
Designated Contact Person (Name and title, if different)		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number	E-mail (Optional)	Date of Original Filing: 11/15/11	
(559) 621-8000		(month, day, year)	

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

Housing Authorities

Name

PO Box 11985	Fresno	CA	93776
Address	City	State	Zip Code

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

Fresno Regional Foundation (for Learn2Earn Account)

Name

5250 North Palm Avenue, Suite 424	Fresno	CA	93704
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 11/04/11 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 25,000 (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: Contribution to Mayor's Learn2Earn initiative providing an education on-ramp for Fresno's under-educated and unemployed.

5. Amendment Description 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 11/15/11 DATE

By Ashley Swearengin SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER