Behested Payment Report — A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member *(Last name, First name)*

Swearengin, Ashley

Agency Name

City of Fresno

Agency Street Address

2600 Fresno Street - Fresno, California 93721

Designated Contact Person *(Name and title, if different)*

Area Code/Phone Number

(559) 621-8000

E-mail *(Optional)*

Date Stamp

California Form 803

For Official Use Only

2012 JAN 23 AM 11:13

CITY CLERK, FRESNO CA

☐ **Amendment** *(See Part 5)*

Date of Original Filing: 01/23/2012 *(month, day, year)*

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

Kaiser Permanente Fresno

Name

Address	City	State	Zip Code
7300 North Fresno Street	Fresno	CA	93720

3. 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

Address	City	State	Zip Code
4949 East Kings Canyon Road	Fresno	CA	93727

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

Date of Payment: 12/9/2011 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 53,000 *(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: Donation to Fresno First Steps Home

as part of grant application for ending and preventing cycle of homelessness. Made aware of contribution 1/18/12.

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 January 23, 2012 (DATE) By Ashley Swearengin (SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER)