

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member <i>(Last name, First name)</i>		Date Stamp	California Form 803 For Official Use Only
Swearingin, Ashley		RECEIVED	
Agency Name		2013 MAR 15 PM 12:50	
City of Fresno		CITY CLERK, FRESNO CA	
Agency Street Address			
2600 Fresno Street - Fresno, California 93721			
Designated Contact Person <i>(Name and title, if different)</i>		<input type="checkbox"/> Amendment <i>(See Part 5)</i>	
Area Code/Phone Number	E-mail <i>(Optional)</i>	Date of Original Filing: _____	
(559) 621-8000		<i>(month, day, year)</i>	

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

Fresno State			
Name			
5200 N. Barton Ave. M/S ML52	Fresno	CA	93740
Address	City	State	Zip Code

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

Silvercrest, Inc.			
Name			
1331 Fulton Mall	Fresno	CA	93721
Address	City	State	Zip Code

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

Date of Payment: 02/15/13 (apx.) Amount of Payment: *(In-Kind FMV)* \$ 50,000
(month, day, year) *(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 Silvercrest, Inc. a non-profit affiliated with the Housing Authority, fiscal agent for Building Neighborhood Capacity Program in El Dorado & Southwest.

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 03/14/13
DATE

By 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER