

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		<p>Date Stamp 2012 FEB 29 PM 12:50 CITY CLERK, FRESNO CA</p>	<p>California Form 803 For Official Use Only</p>
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: 02/29/12 (month, day, year)	
(559) 621-8000			

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

Heald College

Name

601 Montgomery Street

San Francisco

CA

94111

Address

City

State

Zip Code

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

Fresno Regional Foundation (for Learn2Earn)

Name

5250 North Palm Avenue, Suite 424

Fresno

CA

93704

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 02/07/12
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 100,000
(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 02/29/12
DATE

By



SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER