Behested Payment Report

A Public Document

Behested Payment Report

California Form 803

For Official Use Only

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Date Stamp

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

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)*

Area Code/Phone Number

(559) 621-8000

E-mail *(Optional)*

☐ **Amendment** *(See Part 5)*

Date of Original Filing: 07/16/2012 *(month, day, year)*

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

Fresno Unified School District

Name

Address	City	State	Zip Code
2309 Tulare Street	Fresno	CA	93721

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

Fresno Regional Foundation (for Learn2Earn)

Name

Address	City	State	Zip Code
8250 North Palm Avenue, Suite 424	Fresno	CA	93704

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

Date of Payment: 04/12/2012 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 50,000 *(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. Received notice of payment 7/11/12.

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 July 16, 2012 (DATE)

By Ashley Swearengin (SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER)