Behested Payment Report

A Public Document

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

Date Stamp: RECEIVED 2013 APR 22 AM 9:13 CITY CLERK, FRESNO CA

California Form 803

For Official Use Only

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: _____ *(month, day, year)*

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

First 5 Fresno County

Name

Address	City	State	Zip Code
550 East Shaw Avenue	Fresno	CA	93710

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

Silvercrest, Inc.

Name

Address	City	State	Zip Code
1331 Fulton Mall	Fresno	CA	93721

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

Date of Payment: 04/05/13 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 10,000 *(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 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 04/17/13 (DATE) By _____ (SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER)