Behested Payment Report

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Behested Payment Report
California Form 803
For Official Use Only

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.)*

State Center Community College District
Name

1525 East Weldon Avenue	Fresno	CA	93704
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

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

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

Date of Payment: 05/15/2012 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 25,000 *(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 _____ (SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER)