

Behested Payment Report

A Public Document

RECEIVED Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Swearengin, Ashley		Date Stamp 2013 JUN 26 PM 5:13	California Form 803 For Official Use Only CITY CLERK, FRESNO CA
Agency Name 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)	<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ <small>(month, day, year)</small>	

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

Kaiser Permanente Fresno

Name

7300 North Fresno Street	Fresno	CA	93720
Address	City	State	Zip Code

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

Fresno First Steps Home

Name

2600 Fresno Street (C/O Mayor's Office)	Fresno	CA	93721
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 06.18.13 (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: Donation to Fresno First Steps Home
as part of grant application for ending and preventing cycle of homelessness.

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 June 25, 2013 DATE

By  SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER