

Behested Payment Report

A Public Document

Behested Payment Report

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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 E-mail (Optional) (559) 621-8000 _____		Date Stamp 2015 OCT 19 PM 4 37 CITY CLERK, FRESNO CA	California Form 803 For Official Use Only
		<input type="checkbox"/> 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.)

Fresno Unified School District
 Name
 2309 Tulare Street Fresno CA 93721
 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 Fresno CA 93721
 Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 06/02/15 (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: Contract for "Project Access",
 FFSH provides support for homeless families. Mayor sits on FFSH board that was awarded this contract.

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 10/19/15 DATE
 By Ashley Swearengin SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER