Behested Payment Report	A Public Doc	ument DECEIVED	Behested Payment Report
1. Elected Officer or CPUC Membe		Date Stamp	California 803
Swearengin, Ashley		2017 JUL 18 AH 9: I	romi
Agency Name			For Official Use Only
The City of Fresno		C TY CLERK, FRESNO	C <i>₽</i>
Agency Street Address			
2600 Fresno Street - Fresno, Californ Designated Contact Person (Name and to			
Designated Contact Person (Name and the	tie, ir ainterent)	Amendment (See Part	5)
Area Code/Phone Number E-mail (C	Intional)	Date of Original Filing:	07/16/2012
(559) 621-8000	plional)		(month, day, year)
2. Payor Information (For additional payor	ors, include an attachment with the name	s and addresses)	
		a and addresses, j	
First 5 Children and Families Commis	ssion of Fresho County		
550 East Shaw Avenue - Suite 215	Fresno	CA	93710
Address	City	State	Zip Code
3. Payee Information (For additional paye	ees, include an attachment with the name	s and addresses.)	
Fresno Regional Foundation (for Lea	mzcam)		
8250 North Palm Avenue, Suite 424	Fresno	CA	93704
Address	City	State	Zip Code
4. Payment Information (Complete all info	rmation.)		
Date of Payment:06/22/2012		¢ 5.100	
(month, day, year)	Amount of Payment: (In-I	(Round to whole d	ollars.)
Payment Type:	y Donation or 🔲 In-Kir	nd Goods or Services (Provide of	description below.)
Priof Description of la Kind Description	4.		
Brief Description of In-Kind Payme	nt:		
Purpose: (Check one and provide description be-	ow.) 🔲 Legislative 🔲 G	overnmental 🗵 Chari	table
Describe the legislative, government			
providing an education on-ramp for F		npioyea.	
5. Amendment Description or Com	ments		
	•		
3			
6. Verification			
I certify, under penalty of perjury under the	laws of the State of California, that t	o the best of my knowledge, the	information contained
herein is true and complete.			
		000	
Executed on July 16, 2012	, (ii	leludinean	1
Executed on	By	MATURE OF ELECTED OFFICER OF CRUC	MEMBER

FPPC Form 803 (December/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)