

Behested Payment Report

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Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Swearengin, Ashley		Date Stamp 2013 JUN 26 PM	California Form 803 For Official Use Only
Agency Name City of Fresno		CITY CLERK, FRESNO CA	
Agency Street Address 2600 Fresno Street - Fresno, California 93721			<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ <small>(month, day, year)</small>
Area Code/Phone Number (559) 621-8000	E-mail (Optional)		

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

Wells Fargo Foundation

Name

90 South 7th Street	Minneapolis	MN	55479
Address	City	State	Zip Code

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

Silvercrest, Inc.

Name

1331 Fulton Mall	Fresno	CA	93721
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 06/07/2013 Amount of Payment: (In-Kind FMV) \$ 30,000
(month, day, year) (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 06/25/13 By 
DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER