

Behested Payment Report

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Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Swearengin, Ashley		Date Stamp 2010 AUG 26 PM 2	California Form 803 For Official Use Only
Agency Name The City of Fresno		CITY CLERK, FRESNO CA	
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: <u>08/25/2010</u> <small>(month, day, year)</small>	

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

Cornerstone Main Company
Name

Post Office Box 7967	Fresno	CA	93747-7967
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: 8/13/2010 Amount of Payment: (In-Kind FMV) \$ 29,000
(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: Donation to Fresno First Steps Home
 for ending and preventing the 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 8/25/2010
DATE

By 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER