Benested Payment Report	A Public Dod	cument RECEIVEL	Behested Payment Report
1. Elected Officer or CPUC Member (L		Date Stamp	California 803
Swearengin, Ashley		2112 SEP 13 PM 4:1	
Agency Name			For Official Use Only
City of Fresno		CITY CLERK, FRESHO	C.F.
Agency Street Address			
2600 Fresno Street - Fresno, California	93721		
Designated Contact Person (Name and title,	if different)	Amendment (See Part	5)
		Amendment(occ) and	"
Area Code/Phone Number E-mail (Option	nal)	Date of Original Filing:	(month, day, year)
(559) 621-8000			(monun, day, youn,
2. Payor Information (For additional payors,	include an attachment with the nam	es and addresses.)	
Educational Employees Credit Union			
Name			
PO Box 5242	Fresno	CA	93755
Address	City	State	Zip Code
3. Payee Information (For additional payees,	include an attachment with the nam	nes and addresses.)	
Fresno First Steps Home			
2600 Fresno Street	Fresno	CA	93721
Address	City	State	Zip Code
4. Payment Information (Complete all information)			
Date of Payment:	_	n-Kind FMV) \$\frac{5,000}{(Round to whole do a control of the cont	
Purpose: (Check one and provide description below.)	☐ Legislative ☐ ☐	Governmental 🗵 Charit	
Describe the legislative, governmenta	I, charitable purpose, or ev	ent: Charitable contribution	to Fresno First Steps
Home, 501(c)(3), focused on preventing	and ending the cycle of hom	elessness	
		0100011000.	
5. Amendment Description or Commo	ents		
6. Verification			
o. Vernication			
I certify, under penalty of perjury under the law herein is true and complete.	vs of the State of California, that	to the best of my knowledge, the	information contained
2112112	0.0.0		9.1
Executed on	By	SIGNATURE OF ELECTED OFFICER OR CRUCI	MEMBER .

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)