

Behested Payment Report

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Behested Payment Report
 California Form 803
 For Official Use Only

1. Elected Officer or CPUC Member (Last name, First name)
 Swarengin, Ashley
Agency Name
 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 | _____

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.)
 Community Medical Centers
 Name
 PO Box 1232 | Fresno | CA | 93715
 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 (C/O Mayor's Office) | Fresno | CA | 93721
 Address | City | State | Zip Code

4. Payment Information (Complete all information.)
Date of Payment: 08.20.13 (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: Donation to Fresno First Steps Home
 as part of grant application for ending and preventing 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 September 17, 2013 DATE | By Ashley Swarengin SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER