

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)

Swearengin, Ashley

Agency Name

The City of Fresno

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)

RECEIVED

Date Stamp

2015 OCT 19 PM 4 36

CITY CLERK, FRESNO CA

California Form 803

For Official Use Only

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.)

Fresno Unified School District

Name

2309 Tulare Street

Fresno

CA

93721

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: 09/01/15 (month, day, year)

Amount of Payment: (In-Kind FMV) \$ 25,000 (Round to whole dollars.)

Payment Type: [X] 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 [X] Charitable

Describe the legislative, governmental, charitable purpose, or event: Contract for "Project Access",

FFSH provides support for homeless families. Mayor sits on FFSH board that was awarded this contract.

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 10/19/15 DATE

By Ashley Swearengin SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER