

Behested Payment Report

A Public Document

Behested Payment Report

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

Swearingin, 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

(559) 621-8000

E-mail (Optional)

RECEIVED

Date Stamp

2012 OCT -5 AM 10:06

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.)

Trinity Health

Name

34605 Twelve Mile Road

Address

Farmington Hills

City

MI

State

48331-3221

Zip Code

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

Fresno First Steps Home

Name

2600 Fresno Street

Address

Fresno

City

CA

State

93721

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 09/13/2012 (month, day, year)

Amount of Payment: (In-Kind FMV) \$ 53,333.33 (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: Charitable contribution to Fresno First Steps

Home, 501(c)(3), focused on preventing and ending the cycle of homelessness - year 3 of St. Agnes commitment.

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 9/28/12 DATE

By Ashley Swearingin SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER