

Behested Payment Report

A Public Document

Behested Payment Report

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

Swearingin, 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
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California Form 803
For Official Use Only

Amendment (See Part 5)

Date of Original Filing: 10/12/2010
(month, day, year)

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

Community Medical Centers

Name

Post Office Box 1232

Fresno

CA

93715

Address

City

State

Zip Code

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

United Way of Fresno County (Accepting as fiscal agent for Fresno First Steps Home)

Name

4949 East Kings Canyon Road

Fresno

CA

93727

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 09/27/2010
(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: Donation to Fresno First Steps Home
(through fiscal agent United Way) 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 10/12/2010
DATE

By [Signature]
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER