

RECEIVED

Behested Payment Report

A Public Document

Behested Payment Report

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

Swearingin, Ashley

2015 OCT 19 PM 4 37

Date Stamp

California Form 803

For Official Use Only

Agency Name

The City of Fresno

Agency Street Address

CITY CLERK, FRESNO CA

2600 Fresno Street - Fresno, California 93721

Designated Contact Person (Name and title, if different)

Amendment (See Part 5)

Area Code/Phone Number

(559) 621-8000

E-mail (Optional)

Date of Original Filing: _____
(month, day, year)

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

Fresno Regional Foundation - St. Agnes Medical Center Community Benefits Services Fund

Name

5260 North Palm Avenue, Suite 122

Fresno

CA

93704

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: 09/09/2015
(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: Contribution to FFSH from St. Agnes Med. Center Community Benefits Services through FRF Grant Agreement with FFSH Board, Mayor serves on board.

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 10/19/2015
DATE

By 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER