Behested Payment Report

A Public Document

Behested Payment Report

California Form **803**

For Official Use Only

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CITY OF FRESNO
CITY CLERK'S OFFICE

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

Jerry Dyer

Agency Name

City of Fresno

Agency Street Address

2600 Fresno Street, Fresno, CA, 93721

Designated Contact Person *(Name and title, if different)*

Tim Orman, Chief of Staff to the Mayor

Area Code/Phone Number

559-320-6527

E-mail *(Optional)*

tim.orman@fresno.gov

☐ **Amendment** *(See Part 5)*

Date of Original Filing: 1/12/2022 *(month, day, year)*

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

Kashian Enterprises

Name

Address	City	State	Zip Code
265 E. River Park Circle, Suite 150	Fresno	CA	93720

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

City of Fresno

Name

Address	City	State	Zip Code
2600 Fresno Street	Fresno	CA	93721

4. Payment Information *(Complete all information.)*

Date of Payment: 1/12/2022 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 25,000.00 *(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: Assist in funding operations for City of Fresno new animal shelter faciltity

5. Amendment Description and/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 1/12/2022 (DATE)

By _____ (SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER)