

Behested Payment Report

A Public Document

Behested Payment Report

<b>1. Elected Officer or CPUC Member</b> (Last name, First name) Jerry Dyer		Date Stamp <b>RECEIVED</b> 2021 DEC -3 P 2:25 CITY OF FRESNO CITY CLERK'S OFFICE	<b>California Form 803</b> For Official Use Only
<b>Agency Name</b> City of Fresno		<input type="checkbox"/> <b>Amendment</b> (See Part 5)	<b>Date of Original Filing:</b> 12/2/2021 <small>(month, day, year)</small>
<b>Agency Street Address</b> 2600 Fresno Street, Fresno, CA, 93721			
<b>Designated Contact Person</b> (Name and title, if different) Tim Orman, Chief of Staff to the Mayor			
<b>Area Code/Phone Number</b> 559-320-6527	<b>E-mail</b> (Optional) tim.orman@fresno.gov		

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

Nalchajian, Inc.  
Name

7501 N. Fresno Street, Suite 105                      Fresno                      CA                      93720  
Address    City    State    Zip Code

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

One Fresno Foundation  
Name

2600 Fresno Street                      Fresno                      CA                      93721  
Address    City    State    Zip Code

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

**Date of Payment:** 12/2/2021                      **Amount of Payment:** (In-Kind FMV) \$ 5,000.00  
(month, day, year)    (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:** Charitable purposes

\_\_\_\_\_

\_\_\_\_\_

**5. Amendment Description and/or Comments**

\_\_\_\_\_

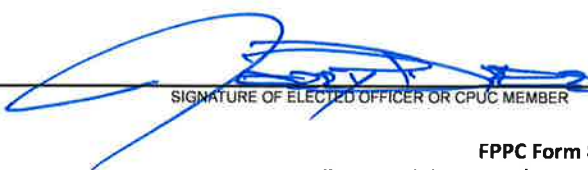
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\_\_\_\_\_

**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 11/29/2021  
DATE

By   
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER