A	ehested Pa Public Doci	-			Check	ndment of k box if an An / 23 / (Month, Day, Yea	nendment 22	Date Stamp (Agency)	CALIFORNIA 803					
Type or Print in Ink.						#								
1.	Elected Office	r or CPUC Me	ember (Last name, First name)		Confirmation Number 2022 Hith 3.1 D 1: 115									
	ELECTED OFFICER OR CPUC MEMBER:				AGENCY NAME: AGEN				INCY STREET ADDRESSESNO					
	Jerry Dyer	IGNATED CONTACT PERSON (NAME AND TITLE):			City of Fresh	10		2600 Fresno Street 'S OFFICE						
	DESIGNATED COM				AREA CODE/PHONE NUMBER:			E-MAIL:						
	Sarah Boren,	Boren, Executive Assistant (559) 62				000		Sarah.B	oren@fresno.gov					
2.	And a	Payor Information (For additional payors, include an attachment with the names, addresses, and proceeding information)												
	NAME:				RESS:				CITY:	STATE:	ZIP CODE:			
	Outfront				185 US Highway 45				Fairfield	NJ	07004			
	DAF NAME: Donor Advised Fund (DAF) (see instructions)				DONOR(S) AND DONOR S				R'S ADVISOR: (SEE INSTRUCTIONS.)					
	Payor is a nam		BRIEF DESCRIPTION OF PROCEEDINGS:											
3.	Payee Information (For additional payees, include an attachment with the names, addresses and relationship information)													
	NAME:			ADDRESS:				CITY: STATE: ZIP CODE:						
	One Fresno Foundation			2600 Fresno Street				Fresno CA						
	For a nonprofit organization payee, provide a brief description of any relationship to the official, official's immediate family member or staff member in the role of founder, salaried employee, decision-making capacity (board member or executive officer) or position on an honorary or advisory board.													
	NAME AND TITLE:				ROLE WITH THE NONPROFIT ORGANIZATION:				BRIEF DESCRIPTION:					
	Jerry Dyer, City of Fresno Mayor *See Attachment			Chairman					Executive Officer					
4.	Payment Info	Payment Information (Complete all information. For estimated payment information check the box below.)												
	DATE (MONTH/DAY/YEAR)	AMOUNT	PAYMENT TYPE	BRIEF DE	ESCRIPTION OF IN		ENT PU	RPOSE	DESCRIBE THE LEG CHARITABLE	RNMENTAL, VENT:				
	03/14/2022	\$5,000	MONETARY DONATION	5			LEGISLATIVE GOVERNMENTAL CHARITABLE		One Fresno Foundat vision to become an					
			MONETARY DONATION	5		_	GOV	SLATIVE ERNMENTAI RITABLE	-					
	The is an estimate and reflects my best efforts at obtaining the accurate information.													
5.	Amendment [endment Description and/or Comments (Provide date of original filing or confirmation number in Part 1.)												
	Originally filed	Originally filed 03/23/2022, amending on 03/31/2022 to include attachment for Section 3.												
6.	Verification													
	I certify, under per	halty of perjury un	der the laws of the State of California,	that to the	e best of my know	wledge, the i	information co	ontained her	ein is true and complete.					
	2/2	2/21/2022												

Executed on ______

DATE

Ву 2PV1 1 SIGNATURE

FPPC Form 803 (February/2022) advice@fppc.ca.gov

ATTACHMENT

California Form 803 – Behesting Payment Report Section 3 (Payee Information) Additional Payee Information for Nonprofit Organization

Name and Title	Role with Nonprofit Organization	Brief Description
Matthew Grundy City of Fresno Deputy Mayor	Board Member	Vice-Chairman
Chris Montelongo City of Fresno Deputy Chief of Staff	Board Member	Secretary
Fabiola Ramirez City of Fresno Assistant Communications Director	Board Member	Board Member

Behested Payment Report A Public Document Type or Print in Ink.						Amendment of Filing Check box if an Amendment			ent	Date Stamp (Agency)		CALIFORNIA 803		
						(Month, Day, Year) # Confirmation Number					0,0			
1.	Elected Office	r or CPUC Mer	nber (Last name, First name)								T	n' an	A 1.	
	ELECTED OFFICER OR CPUC MEMBER:				AGENCY NAME: A				AGENCY STREET ADDRESS:				250 01	
	Jerry Dyer				City of Fresno			2600	2600 Fresno Street			3 0220		
	DESIGNATED CONTACT PERSON (NAME AND TITLE):				AREA CODE/PHONE NUMBER:			E-MAI	E-MAIL;				100	
	Sarah Boren,	Executive Assis	stant	(559) 621-8	621-8000			Sarah.Boren@fresno.gov				19 ¹¹	
2.	Payor Informa	Payor Information (For additional payors, include an attachment with the names, addresses, and proceeding information)												
	NAME: A				ADDRESS:				CITY:			STATE:	ZIP CODE:	
					185 US Highway 45				Fairfield			NJ	07004	
	Donor Advised (see instr		DONOR	R(S) A	ND DONOR'S AL	DVISOR:	(SEE INSTRUCTIONS.)							
	Payor is a named party or the subject of a proceeding before my agency.													
3.	Payee Information (For additional payees, include an attachment with the names, addresses and relationship information)													
					DRESS:					CITY:		STATE:	ZIP CODE:	
					600 Fresno Street				Fresno		CA	93721		
	For a nonprofit organization payee, provide a brief description of any relationship to the official, official's immediate family member or staff member in the role of founder, salaried employee, decision-making capacity (board member or executive officer) or position on an honorary or advisory board.										cision-making			
	NAME AND TITLE: ROLI				OLE WITH THE NONPROFIT ORGANIZATION:				8	BRIEF DESCRIPTION:				
	Jerry Dyer, Ma	ayor		Chairmar	ו					Executive Officer				
4.	Payment Information (Complete all information. For estimated payment information check the box below.)													
	DATE (MONTH/DAY/YEAR)	AMOUNT	PAYMENT TYPE	BRIEF DESC	RIEF DESCRIPTION OF IN-KINI					DESCRIBE THE LEGISLATIVE, GOVERNM CHARITABLE PURPOSE, OR EVEN			RNMENTAL,	
	03/14/2022	\$5,000	MONETARY DONATION					GOVERNME	NTAL	One Fresno Foun	sno Foundation 501(c)(3) focused of become an inclusive prosperous c			
			MONETARY DONATION	\$					NTAL					
	The	is an estimat	e and reflects my best efforts at obtair	ning the accu	urate REASO	N FOR ESTIMATE:								
5.	Amendment D	escription and	d/or Comments (Provide date of	original filin	g or confirmati	ion number in	Pan	t 1.)						
	1													
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 _____

DATE

By

50