

# Behested Payment Report

## A Public Document

Type or Print in Ink.

<b>Amendment of Filing</b> <input checked="" type="checkbox"/> Check box if an Amendment 03 / 30 / 22 (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency) RECEIVED 2022 MAR 31 P 4:46	CALIFORNIA FORM <b>803</b>
	CITY OF FRESNO CITY CLERK'S OFFICE	

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

ELECTED OFFICER OR CPUC MEMBER: Jerry Dyer	AGENCY NAME: City of Fresno	AGENCY STREET ADDRESS: 2600 Fresno Street
DESIGNATED CONTACT PERSON (NAME AND TITLE): Sarah Boren, Executive Assistant	AREA CODE/PHONE NUMBER: (559)-621-8000	E-MAIL: Sarah.Boren@fresno.gov

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

NAME: Producers Dairy Foods Inc.	ADDRESS: P.O. Box 1231	CITY: Fresno	STATE: Ca	ZIP CODE: 93715
<input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)	DAF NAME:	DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)		
<input type="checkbox"/> Payor is a named party or the subject of a proceeding before my agency.		BRIEF DESCRIPTION OF PROCEEDINGS:		

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

NAME: One Fresno Foundation	ADDRESS: 2600 Fresno Street	CITY: Fresno	STATE: Ca	ZIP CODE: 93721
For a <b>nonprofit organization payee</b> , 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: Jerry Dyer, City of Fresno Mayor *See Attachment	ROLE WITH THE NONPROFIT ORGANIZATION: Chairman	BRIEF DESCRIPTION: Executive Officer		

### 4. Payment Information (Complete all information. For estimated payment information check the box below.)

DATE (MONTH/DAY/YEAR)	AMOUNT	PAYMENT TYPE	BRIEF DESCRIPTION OF IN-KIND PAYMENT	PURPOSE	DESCRIBE THE LEGISLATIVE, GOVERNMENTAL, CHARITABLE PURPOSE, OR EVENT:
3/10/2022	2,500	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	One Fresno Foundation, 501(c)(3) focused on vision to become an inclusive prosperous city.
3/21/2022	2,500	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	One Fresno Foundation, 501(c)(3) focused on vision to become an inclusive prosperous city.
<input type="checkbox"/> The _____ (DATE/AMOUNT) is an estimate and reflects my best efforts at obtaining the accurate information.			REASON FOR ESTIMATE:		

### 5. Amendment Description and/or Comments (Provide date of original filing or confirmation number in Part 1.)

Original filing 3/30/2022 amended on 03/31/2022 to include attachment for Section 3.

### 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 3/31/2022  
DATE

By   
SIGNATURE

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

<b><u>Name and Title</u></b>	<b><u>Role with Nonprofit Organization</u></b>	<b><u>Brief Description</u></b>
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.

<b>Amendment of Filing</b> <input type="checkbox"/> Check box if an Amendment  / / (Month, Day, Year)  # _____ Confirmation Number	Date Stamp (Agency)	<b>CALIFORNIA FORM 803</b>
		

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

ELECTED OFFICER OR CPUC MEMBER: <b>Jerry Dyer</b>	AGENCY NAME: <b>City of Fresno</b>	AGENCY STREET ADDRESS: <b>2600 Fresno Street</b>
DESIGNATED CONTACT PERSON (NAME AND TITLE): <b>Sarah Boren, Executive Assistant</b>	AREA CODE/PHONE NUMBER: <b>(559)-621-8000</b>	E-MAIL: <b>Sarah.Boren@fresno.gov</b>

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

NAME: <b>Producers Dairy Foods Inc.</b>	ADDRESS: <b>P.O. Box 1231</b>	CITY: <b>Fresno</b>	STATE: <b>Ca</b>	ZIP CODE: <b>93715</b>
<input type="checkbox"/> Donor Advised Fund (DAF) <small>(see instructions)</small>	DAF NAME:	DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)		
<input type="checkbox"/> Payor is a named party or the subject of a proceeding before my agency.		BRIEF DESCRIPTION OF PROCEEDINGS:		

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

NAME: <b>One Fresno Foundation</b>	ADDRESS: <b>2600 Fresno Street</b>	CITY: <b>Fresno</b>	STATE: <b>Ca</b>	ZIP CODE: <b>93721</b>
For a <b>nonprofit organization payee</b> , 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: <b>Jerry Dyer, Mayor</b>	ROLE WITH THE NONPROFIT ORGANIZATION: <b>Chairman</b>	BRIEF DESCRIPTION: <b>Executive Officer</b>		

### 4. Payment Information *(Complete all information. For estimated payment information check the box below.)*

DATE (MONTH/DAY/YEAR)	AMOUNT	PAYMENT TYPE	BRIEF DESCRIPTION OF IN-KIND PAYMENT	PURPOSE	DESCRIBE THE LEGISLATIVE, GOVERNMENTAL, CHARITABLE PURPOSE, OR EVENT:
3/10/2022	2,500	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	One Fresno Foundation, 501(c)(3) focused on vision to become an inclusive prosperous city.
3/21/2022	2,500	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	One Fresno Foundation, 501(c)(3) focused on vision to become an inclusive prosperous city.

The \_\_\_\_\_ (DATE/AMOUNT) is an estimate and reflects my best efforts at obtaining the accurate information.

REASON FOR ESTIMATE:

### 5. Amendment Description and/or Comments *(Provide date of original filing or confirmation number in Part 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 3/25/2022  
DATE

By   
SIGNATURE