Behested Payment Report A Public Document Type or Print in Ink.						Amendment of Filing Check box if an Amendment 03 / 30 / 22 (Month, Day, Year)			Date Stamp (Agency) V CALIFORNIA 803 FORM						
						#									
					#- Confirmation Number				ETTY DE ERESPIL						
1.	Elected Officer or CPUC Member (Last name, First name) ELECTED OFFICER OR CPUC MEMBER:				AGENCY NAME: AGENCY ST				REET ADDRESS: N// 9 OFFICE						
	Jerry Dyer				City of Fresno				2600 Fresno Street						
		SIGNATED CONTACT PERSON (NAME AND TITLE):				ONE NUMBER									
					(559)-621-8000 Sarah.Bo				pren@fresno.gov						
2.	Payor Information (For additional payors, include an attachment with the names, addresses, and proceeding information) NAME: [ADDRESS: [CITY:]STATE:]ZIP CODE:														
	NAME: Producore Diany Ecode Inc.				ADDRESS: P.O. Box 1231										
	Producers Diary Foods Inc.								Fresno Ca 93715						
	Donor Advised Fund (DAF) (see instructions)				Denen(s) AND DENEN S ADVISER. (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)														
	NAME:			ADDRESS:					CITY:	S	STATE:	ZIP CODE:			
	One Fresno Foundation			2600 Fresno Street					Fresno		Ca	93721			
	For a nonprofit organization payee, provide a brief description of any relationship to the 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)	DATE MONTH/DAY/YEAR) AMOUNT PAYMENT TYPE			BRIEF DESCRIPTION OF IN-KIND PAYMENT			IRPOSE	DESCRIBE THE LEGISLATIVE, GOVERNMENTAL, CHARITABLE PURPOSE, OR EVENT:						
	3/10/2022	2,500	MONETARY DONATION	-			GOV	VERNMENTAL One Fresno Foundation, 501(c)(VERNMENTAL vision to become an inclusive pro-							
	3/21/2022	2,500	MONETARY DONATION				GOV	ISLATIVE /ERNMENTAL /RITABLE	One Fresno Foundation, 501(c)(3) focused on vision to become an inclusive prosperous city.						
	The is an estimate and reflects my best efforts at obtaining the accurate information.														
5.	Amendment [Description an	d/or Comments (Provide date of	f original i	filing or confirmati	ion number in	Part 1.)								
			ended on 03/31/2022 to include												
6.	Verification	Verification													
	I certify, under per	nalty of perjury und	ler the laws of the State of California,	that to the	e best of my know	wledge, the inf	ormation o	contained here	in is true and complete.						
	3/31/2022														

3/31/2022 Executed on

DATE

20XTDYE By ____ 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					Amendment of Filing Check box if an Amendment / /					CALIFOR FORM				
Т	ype or Print in Ink.			(N	Nonth,	, Day, Year)	CIVEN								
					#RECEIVE										
1.	Elected Officer or CPUC Member (Last name, First name)														
		ECTED OFFICER OR CPUC MEMBER:			AGENCY NAME:				AGEMON STREET ADDRESS 2: 55						
		Jerry Dyer			ty of Fresn	E/PHONE NUMBER:		- Contraction	0 Fresno	15 500 E					
	DESIGNATED CONTACT PERSON (NAME AND TITLE):			ARE	EA CODE/PHO					DFFRESNO					
	Sarah Boren,	Boren, Executive Assistant			(559)-621-8000				Sarah Boren@fresno.gov						
2.	Payor Informa	ation (For additiona	the names, a	names, addresses, and proceeding information)											
	NAME:			ADDRESS:					CI	TY:	STATE:	ZIP CODE:			
	Producers Dia	P.O. Box 1231						resno	Ca	93715					
	Donor Advised		DONOR(S				(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)								
	□ Payor is a named party or the subject of a proceeding before my agency.														
3.		ation (For additiona	al payees, include an attachment wit	h the names,	addresses a	nd relationsh	ip in	formation)							
	NAME:					ADDRESS:					STATE:	ZIP CODE:			
	One Fresno F	2600 Fresno Street						Fresno	Ca	93721					
	For a nonprofit or capacity (board me	ganization payee, pro mber or executive offi	ovide a brief description of any relation cer) or position on an honorary or advi	ship to the official, official's immediate family member or staff member in the role of founder sory board.							ed employee, de	cision-making			
	NAME AND TITLE:	ME AND TITLE: ROLE WITH erry Dyer, Mayor Chairma									BRIEF DESCRIPTION:				
	Jerry Dyer, Ma					nan					Executive Officer				
4.	Payment Information (Complete all information. For estimated payment information check the box below.)														
	DATE (MONTH/DAY/YEAR)	AMOUNT		BRIEF DESCR			п	PURPOSE		DESCRIBE THE LEGI CHARITABLE F	RNMENTAL, VENT:				
	3/10/2022	2,500	MONETARY DONATION					GOVERNME CHARITABL	NTAI Or	ne Fresno Foundati	idation, 501(c)(3) focused an inclusive prosperous c				
	3/21/2022	2,500	MONETARY DONATION					GOVERNME	RNMENTAL One Fresho Founda		tion, 501(c)(3) focused on inclusive prosperous city.				
1	The	ate	N FOR ESTIM	ATE											
5.	Amendment D	Description and	or Comments (Provide date of	original filing	or confirmatio	on number in	Par	rt 1.)							

6. Verification T 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

2817 Ву

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