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CITY OF FRESNO
CITY CLERK DEPT

Behested Payment Report

A Public Document

Behested Payment Report

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

Date Stamp

California Form 803
For Official Use Only

☐ **Amendment** *(See Part 5)*

Date of Original Filing: 6/29/2021 *(month, day, year)*

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

Name			
CalViva Health			
Address	**City**	**State**	**Zip Code**
7625 N. Palm, Suite 109	Fresno	Ca	93711

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

Name			
One Fresno Foundation			
Address	**City**	**State**	**Zip Code**
2600 Fresno Street	Fresno	CA	93721

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

Date of Payment: 5/13/2021 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 20,000.00 *(Round to whole dollars.)*

Payment Type: ☒ Monetary Donation **or** ☐ In-Kind Goods or Services *(Provide description below.)*

Brief Description of In-Kind Payment: Sponsorship of Camp Fresno

Purpose: *(Check one and provide description below.)* ☐ Legislative ☐ Governmental ☒ Charitable

Describe the legislative, governmental, charitable purpose, or event: Sending at-risk youth to summer camp

5. Amendment Description and/or Comments

Although the check is dated May 13, 2021, I did not physically receive the check until June 7, 2021.

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 6/29/2021 (DATE)

By _____ (SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER)