

# Behested Payment Report

## A Public Document

Type or Print in Ink.

|   |  |                            |
|---|--|----------------------------|
| <b>Amendment of Filing</b><br><input type="checkbox"/> Check box if an Amendment<br><br>/ /<br>(Month, Day, Year)<br><br># _____<br>Confirmation Number | Date Stamp (Agency)  | <b>CALIFORNIA FORM 803</b> |
|   | RECEIVED<br>7/27/22 4:10 PM<br>CITY OF FRESNO<br>CITY CLERK'S OFFICE |                            |

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

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

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

|  |                                      |   |                     |                                |
|--|--------------------------------------|---|---------------------|--------------------------------|
| NAME:<br><b>Trinity Health</b>   | ADDRESS:<br><b>20555 Victor Pkwy</b> | CITY:<br><b>Livonia</b>                           | STATE:<br><b>MI</b> | ZIP CODE:<br><b>48152-7031</b> |
| <input type="checkbox"/> Donor Advised Fund (DAF)<br>(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:<br><b>Poverello House</b>   | ADDRESS:<br><b>412 F St.</b>   | CITY:<br><b>Fresno</b>                              | STATE:<br><b>Ca</b> | ZIP CODE:<br><b>93706</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:<br><b>Jerry Dyer, Mayor of City of Fresno</b>   | ROLE WITH THE NONPROFIT ORGANIZATION:<br><b>Participant in Event</b> | BRIEF DESCRIPTION:<br><b>Call for Hope Telethon</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:                        |
|-----------------------|--------|---|--------------------------------------|---|--|
| 4/7/2022              | 6,000  | <input checked="" type="checkbox"/> MONETARY DONATION<br><input type="checkbox"/> IN-KIND GOODS OR SERVICES |                                      | <input type="checkbox"/> LEGISLATIVE<br><input type="checkbox"/> GOVERNMENTAL<br><input checked="" type="checkbox"/> CHARITABLE | <b>Poverello House, 501(c)(3) who enrich the lives and spirits of all who pass their way</b> |
| 4/7/0222              | 1,500  | <input checked="" type="checkbox"/> MONETARY DONATION<br><input type="checkbox"/> IN-KIND GOODS OR SERVICES |                                      | <input type="checkbox"/> LEGISLATIVE<br><input type="checkbox"/> GOVERNMENTAL<br><input checked="" type="checkbox"/> CHARITABLE | <b>Poverello House, 501(c)(3) who enrich the lives and spirits of all who pass their way</b> |

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.)

**Mayor participated in telethon, encouraging donations.**

### 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 5/3/2022  
DATE

By   
SIGNATURE