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Behested Payment Report

A Public Document

Behested Payment Report

<b>1. Elected Officer or CPUC Member</b> (Last name, First name) Jerry Dyer		Date Stamp CITY OF FRESNO CITY CLERK JUN 29 P 3:53	<b>California Form 803</b> For Official Use Only
<b>Agency Name</b> City of Fresno			
<b>Agency Street Address</b> 2600 Fresno Street, Fresno, CA, 93721			
<b>Designated Contact Person</b> (Name and title, if different) Tim Orman, Chief of Staff to the Mayor		<input type="checkbox"/> <b>Amendment</b> (See Part 5)	
<b>Area Code/Phone Number</b> 559-320-6527	<b>E-mail</b> (Optional) tim.orman@fresno.gov	<b>Date of Original Filing:</b> 6/28/2021 (month, day, year)	

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

Valley Children's Hospital

Name

9300 Valley Children's Place Madera Ca 93636

Address City State Zip Code

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

One Fresno Foundation

Name

2600 Fresno Street Fresno CA 93721

Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 6/28/2021 Amount of Payment: (In-Kind FMV) \$ 10,000.00  
(month, day, year) (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


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5. Amendment Description and/or Comments

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 6/28/2021  
DATE

By   
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER