

Behested Payment Report

A Public Document

Behested Payment Report

<b>1. Elected Officer or CPUC Member</b> <i>(Last name, First name)</i> Jerry Dyer		Date Stamp	<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> <i>(Name and title, if different)</i> Tim Orman, Chief of Staff to the Mayor		<input type="checkbox"/> <b>Amendment</b> <i>(See Part 5)</i>	
<b>Area Code/Phone Number</b> 559-320-6527	<b>E-mail</b> <i>(Optional)</i> tim.orman@fresno.gov	<b>Date of Original Filing:</b> <u>7/12/2021</u> <i>(month, day, year)</i>	

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

Mid Valley Disposal, Inc.

---

Name

P.O. Box 12385	Fresno	Ca	93777-2385
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:** 7/6/2021 *(month, day, year)*      **Amount of Payment:** *(In-Kind FMV)* \$ 5,000.00 *(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

---



---



---

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 7/12/2021 DATE

By  SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER