

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 <b>RECEIVED</b> 2021 AUG 13 P 1:19 CITY OF FRESNO CITY CLERK'S OFFICE	<b>California Form 803</b> For Official Use Only
Agency Name City of Fresno		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: <u>8/11/2021</u> <small>(month, day, year)</small>	
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		

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

Esmeraldo T. Esposito, Jr.  
Name

1970 Avenida De Las Rosas Santa Clara Ca 95054-1419  
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: 8/11/2021 Amount of Payment: (In-Kind FMV) \$ 5,000.00  
(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: \_\_\_\_\_  
 \_\_\_\_\_

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

Describe the legislative, governmental, charitable purpose, or event: One Fresno Foundation activities and youth initiatives

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 8/11/2021  
DATE

By   
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER