Behested Payment Report

A Public Document

California Form 803

For Official Use Only

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CITY OF FRESNO
CITY CLERK'S OFFICE

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

Lee Brand

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	**E-mail** *(Optional)*
559-320-6527	tim.orman@fresno.gov

☐ **Amendment** *(See Part 5)*

Date of Original Filing: 4/11/2019 *(month, day, year)*

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

Spencer Enterprises
Name

Address	City	State	Zip Code
5286 E. Home Avenue	Fresno	CA	93727

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

Fresno Revitalization Corporation
Name

Address	City	State	Zip Code
2344 Tulare Street, Suite 200	Fresno	CA	93721

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

Date of Payment: 4/11/2019 *(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:

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

Describe the legislative, governmental, charitable purpose, or event: Construction of a Veteran's Memorial in front of Fresno City Hall

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 11/29/2021 (DATE)

By Lee Brand (SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER)