

**Behested Payment Report**  
A Public Document

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**RECEIVED**

<b>Amendment of Filing</b> <input type="checkbox"/> Check box if an Amendment _____ (Month, Day, Year)	Date Stamp (Agency)	<b>CALIFORNIA FORM 803</b>
# _____ Confirmation Number		

2023 SEP 11 P 4: 32

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

ELECTED OFFICER OR CPUC MEMBER: <b>Miguel Arias</b>	AGENCY NAME: <b>CITY OF FRESNO CITY CLERK'S OFFICE</b>	AGENCY STREET ADDRESS: <b>2600 Fresno St., Fresno, CA 93721</b>
DESIGNATED CONTACT PERSON (NAME AND TITLE): <b>Miguel Arias, Councilmember</b>	AREA CODE/PHONE NUMBER: <b>5599061443</b>	E-MAIL: <b>Miguel.Arias@fresno.gov</b>

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

NAME: <b>PG&amp;E</b>	ADDRESS: <b>650 O St.</b>	CITY: <b>Fresno</b>	STATE: <b>CA</b>	ZIP CODE: <b>93721</b>
<input type="checkbox"/> Donor Advised Fund (DAF) (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: <b>Downtown Fresno Fiestas Patrias</b>		

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

NAME: <b>Fresno Area Hispanic Foundation</b>	ADDRESS: <b>1444 Fulton St.</b>	CITY: <b>Fresno</b>	STATE: <b>CA</b>	ZIP CODE: <b>93721</b>
For a nonprofit organization payee, 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:	ROLE WITH THE NONPROFIT ORGANIZATION:	BRIEF DESCRIPTION:		

**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:
09/01/2023	\$10,000	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	Downtown Fresno Fiestas Patrias - economic, community, cultural vitality
		<input type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE	

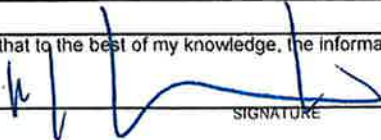
The \_\_\_\_\_ (DATE/AMOUNT) is an estimate and reflects my best efforts at obtaining the accurate information.

REASON FOR ESTIMATE:

**5. Amendment Description and/or Comments** (Provide date of original filing or confirmation number in Part 1.)

**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 09/06/2023 DATE By  SIGNATURE