

# Behested Payment Report

## A Public Document

Type or Print in Ink.

<input type="checkbox"/> <b>Amendment of Filing</b> Check box if an Amendment _____ (Month, Day, Year) # _____ Confirmation Number	Date Stamp Agency <b>RECEIVED</b> CALIFORNIA FORM <b>803</b> 2023 OCT -6 P 1:02

### 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</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) <small>(see instructions)</small>		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>SCCCD - Fresno City College - West Fresno Campus</b>		

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

NAME: <b>SCCCD - Fresno City College - West Fresno Campus</b>	ADDRESS: <b>600 E. Church Avenue</b>	CITY: <b>Fresno</b>	STATE: <b>CA</b>	ZIP CODE: <b>93706</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: <b>Robert Pimentel, President</b>		ROLE WITH THE NONPROFIT ORGANIZATION:		BRIEF DESCRIPTION: <b>Enhances access to &amp; quality of a community college education for students &amp; faculty.</b>

### 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:
09/26/2023	\$25,000	<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	Resources will support students at FCC West Fresno Campus by funding staff & student development, student trips, & community engagement.
		<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 10/03/2023  
DATE

By   
SIGNATURE