

Behested Payment Report

A Public Document

Type or Print in Ink.

<input type="checkbox"/> Amendment of Filing <input type="checkbox"/> Check box if an Amendment / / (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency)	CALIFORNIA FORM 803
	RECEIVED 2023 NOV 15 5 24 PM CITY OF FRESNO CITY CLERK'S OFFICE mike.karbassi@fresno.gov	

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

ELECTED OFFICER OR CPUC MEMBER: Mike Karbassi	AGENCY NAME: City of Fresno	AGENCY STREET ADDRESS: 2600 Fresno St
DESIGNATED CONTACT PERSON (NAME AND TITLE): Mike Karbassi, Councilmember	AREA CODE/PHONE NUMBER: 559/601-0564	E-MAIL: mike.karbassi@fresno.gov

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

NAME: Ali Rashidian	ADDRESS: 2814 Emerald Ave	CITY: Fresno	STATE: CA	ZIP CODE: 93720
<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:				

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

NAME: Restore Fresno	ADDRESS: 2037 W Bullard Ave #215	CITY: Fresno	STATE: CA	ZIP CODE:
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:
10/26/2023	\$5,000	<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	Supporting civic education on community matters.
		<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 _____ is an estimate and reflects my best efforts at obtaining the accurate information.

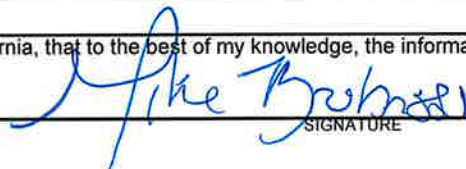
REASON FOR ESTIMATE:

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 11/15/2023
DATE

By 
SIGNATURE