

# 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)	Date Stamp (Agency)	<b>CALIFORNIA FORM 803</b>
# _____ Confirmation Number		

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

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

RECEIVED

2023 NOV 15 P 2:47  
CITY OF FRESNO  
CITY CLERK'S OFFICE

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

NAME: <b>River Park Properties II</b>	ADDRESS: <b>265 E River Park Circle Suite 150</b>	CITY: <b>Fresno</b>	STATE: <b>CA</b>	ZIP CODE: <b>93720</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:		

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

NAME: <b>Restore Fresno</b>	ADDRESS: <b>2037 W Bullard Ave #215</b>	CITY: <b>Fresno</b>	STATE: <b>CA</b>	ZIP CODE:
For a <b>nonprofit organization payee</b> , 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:
<b>10/20/2023</b>	<b>\$10,000</b>	<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	<b>Supporting civic education on community matters.</b>
		<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.

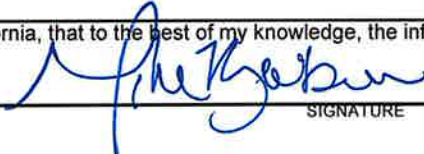
REASON FOR ESTIMATE:

### 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 11/15/2023  
DATE

By   
SIGNATURE