

# Behested Payment Report

## A Public Document

Type or Print in Ink.

**Amendment of Filing**  
 Check box if an Amendment  
 \_\_\_\_\_  
 (Month, Day, Year)  
 # \_\_\_\_\_  
 Confirmation Number

Date Stamp (Agency)

**CALIFORNIA FORM 803**

### 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**

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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>Shawn Shiralian</b>	ADDRESS: <b>6725 N Golden State Blvd</b>	CITY: <b>Fresno</b>	STATE: <b>CA</b>	ZIP CODE: <b>93722</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 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: <b>501(c4) board</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:
<b>10/26/2023</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]  
SIGNATURE