

# Behested Payment Report

## A Public Document

Type or Print in Ink.

<b>Amendment of Filing</b> <input type="checkbox"/> Check box if an Amendment _____ (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency) <b>RECEIVED</b> 2024 MAY 16 P 3:30 CITY OF FRESNO CITY CLERK'S OFFICE	<b>CALIFORNIA FORM 803</b>
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### 1. Elected Officer or CPUC Member (Last name, First name)

ELECTED OFFICER OR CPUC MEMBER: Jerry Dyer	AGENCY NAME: City of Fresno	AGENCY STREET ADDRESS: 2600 Fresno Street
DESIGNATED CONTACT PERSON (NAME AND TITLE): Sarah Boren, Executive Assistant	AREA CODE/PHONE NUMBER: (559) 621-8000	E-MAIL: Sarah.Boren@fresno.gov

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

NAME: Cedar Avenue Recycling and Transfer Station	ADDRESS: P.O Box 446	CITY: Fresno	STATE: CA	ZIP CODE: 93709
<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: One Fresno Foundation	ADDRESS: 2600 Fresno Street	CITY: Fresno	STATE: CA	ZIP CODE: 93721
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: Jerry Dyer, Mayor	ROLE WITH THE NONPROFIT ORGANIZATION: Chairman	BRIEF DESCRIPTION: Executive Officer		

### 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:
8/9/2023	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	One Fresno Foundation 501(c)(3) focused on vision to become an inclusive prosperous city.
		<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 4/26/2024  
DATE

By [Signature]  
SIGNATURE