

**Behested Payment Report**  
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<b>Amendment of Filing</b> <input type="checkbox"/> Check box if an Amendment _____ (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency)	<b>CALIFORNIA FORM 803</b>
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**1. Elected Officer or CPUC Member** (Last name, First name) *2024-08-2 A 9:28*

ELECTED OFFICER OR CPUC MEMBER: <b>Annalisa Perea</b>	AGENCY NAME: <b>Councilmember</b>	AGENCY STREET ADDRESS: <b>2600 Fresno St, Fresno 93721</b>
DESIGNATED CONTACT PERSON (NAME AND TITLE): <b>Laura Rios, Chief of Staff</b>	AREA CODE/PHONE NUMBER: <b>(559) 621-7810</b>	E-MAIL: <b>laura.rios@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>300 Lakeside Dr, Ste 210</b>	CITY: <b>Oakland</b>	STATE: <b>CA</b>	ZIP CODE: <b>94612</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: <b>Operation Gobble</b>		

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

NAME: <b>Peace Officers Chaplaincy of Fresno County</b>	ADDRESS: <b>905 N Fulton St Fresno</b>	CITY: <b>Fresno</b>	STATE: <b>CA</b>	ZIP CODE: <b>93728-341</b>
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:
09/19/2024	5000.00	<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	Provide turkeys for families in impoverished areas- community based event.
		<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	

<input type="checkbox"/> The _____ (DATE/AMOUNT) is an estimate and reflects my best efforts at obtaining the accurate information.	REASON FOR ESTIMATE:
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**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 10/1/2024  
DATE

By   
SIGNATURE