

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

ELECTED OFFICER OR CPUC MEMBER:

Miguel Arias

DESIGNATED CONTACT PERSON (NAME AND TITLE):

Gabriela Olea, Chief of Staff

AGENCY NAME:

City of Fresno

AGENCY STREET ADDRESS:

2600 Fresno St., Fresno, CA 93721

AREA CODE/PHONE NUMBER:

(559) 621-7834

E-MAIL:

Gabriela.Olea@fresno.gov

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

NAME:

PG&E

ADDRESS:

650 O St.

CITY:

Fresno

STATE:

CA

ZIP CODE:

93721

☐ Donor Advised Fund (DAF)
(see Instructions)

DAF NAME:

DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS)

☐ Payor is a named party or the subject of a proceeding before my agency.

BRIEF DESCRIPTION OF PROCEEDINGS:

Downtown Fresno Fiestas Patrias

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

NAME:

Fresno Area Hispanic Foundation

ADDRESS:

1444 Fulton St.

CITY:

Fresno

STATE:

CA

ZIP CODE:

93721

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:
10/03/2024	\$6,700	<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	Downtown Fresno Fiestas Patrias - economic, community, & cultural vitality
		<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 10/11/2024
DATE

By 
SIGNATURE

FPPC Form 803 (February/2022)
advice@fppc.ca.gov