

**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>2024 DEC 31 P</b>  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: <b>Jerry Dyer</b>	AGENCY NAME: <b>City of Fresno</b>	AGENCY STREET ADDRESS: <b>2600 Fresno St.</b>
DESIGNATED CONTACT PERSON (NAME AND TITLE): <b>Chris Montelongo, Deputy Chief of Staff</b>	AREA CODE/PHONE NUMBER: <b>(559) 621-8000</b>	E-MAIL: <b>Chris.Montelongo@fresno.gov</b>

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

NAME: <b>Just Porch It</b>	ADDRESS: <b>2020 Mary Street</b>	CITY: <b>Fresno</b>	STATE: <b>CA</b>	ZIP CODE: <b>93721</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>One Fresno Foundation</b>	ADDRESS: <b>2600 Fresno Street</b>	CITY: <b>Fresno</b>	STATE: <b>CA</b>	ZIP CODE: <b>93721</b>
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: <b>Jerry Dyer, Mayor</b>	ROLE WITH THE NONPROFIT ORGANIZATION: <b>Chairman</b>	BRIEF DESCRIPTION: <b>Executive Officer</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>3/20/2024</b>	<b>\$5,000</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>One Fresno Foundation 501(c)(3) is focused on a vision to become an inclusive, prosperous city.</b>
		<input 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	

☐ 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 **12/31/2024**  
DATE

By   
SIGNATURE