

Behested Payment Report
A Public Document

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RECEIVED

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:

Tyler Maxwell

2025 FEB -7 P 1:52

AGENCY NAME:

City of Fresno

AGENCY STREET ADDRESS:

2600 Fresno St, Fresno, CA 93721

DESIGNATED CONTACT PERSON (NAME AND TITLE):

Shawn Clark, Policy Director, CITY CLERK'S OFFICE

AREA CODE/PHONE NUMBER:

559-621-7847

E-MAIL:

shawn.clark@fresno.gov

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

NAME:

Mid-Valley Disposal

ADDRESS:

2721 S Elm Ave

CITY:

Fresno

STATE:

CA

ZIP CODE:

93706

☐ 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:

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

NAME:

Dolly Parton Imagination Library c/o Lighthouse for Children

ADDRESS:

2405 Tulare 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:
12/13/24	5000	<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	Fresno County Dolly Parton Imagination Library
		<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 1/7/25 DATE

By [Signature] SIGNATURE