Type or Print In Ink.    Belected Officer or CPUC Member (Last name, First name)		<b>Behested Pa</b> Public Docu	-			Amendment of Filing Check box if an Amendment			Date Stamp (Agency)		FORN ORM	IA 803		
Secretary   Description   De	Type or Print in Ink.					#				RECEIVED				
Jerry P. Dyer  DESIGNATED CONTACT PERSON (NAME AND TITLE): Chris Montelongo, Deputy Chief of Staff  (559) 621-8000  Payor Information (For additional payors, include an allachment with the names, addresses, and proceeding information)  NAME: ADDRESS: P.O. Box  P.O. Box  Seattle  DONORESIAND DONORES ADVISOR: (SEE INSTRUCTIONS.)    Payor is a named party or the subject of a proceeding before my agency.    Payor information (For additional payors, include an allachment with the names, addresses, and proceeding information)    Payor is a named party or the subject of a proceeding before my agency.    Po.D. Box    Po.D. Box   Seattle   WA   98108    Payee Information (For additional payees, include an allachment with the names, addresses and raladionship information)   NAME:   ADDRESS:   Po.D. Box   Seattle   WA   98108    Payor is a named party or the subject of a proceeding before my agency.   BRIEF DESCRIPTION OF PROCEEDINGS:   DONORESS   CITY:   STATE:   ZIP CODE:	1.	<b>Elected Office</b>												
DESIGNATED CONTACT PERSON (NAME AND TITLE)  Chris Montelongo, Deputy Chief of Staff  (559) 621-8000  Chris Montelongo Chris M		ELECTED OFFICER OR CPUC MEMBER:				AGENCY NAME:	AGENCY 9	RETAROPESSIN 3: 35						
DESIGNATED CONTACT PERSON (NAME AND TITLE) Chris Montelongo, Deputy Chief of Staff (559) 621-8000 Chris Montelongo, Deputy Chief of Staff (559) 621-8000 Chris Montelongo, Deputy Chief of Staff (559) 621-8000 Chris Montelongo Ch		Jerry P. Dyer				City of Fresno 2600 F								
2. Payor Information (For additional payors, include an attachment with the names, addresses, and proceeding information)  NAME: Amazon  Done Salatic  P.O. Box  P.O. Box  Seattle  WA 98108  BRIEF DESCRIPTION OF PROCEEDINGS:  Payor is a named party or the subject of a proceeding before my agency.  BRIEF DESCRIPTION OF PROCEEDINGS:  Donor Advised Fund (DAF)  Payor is a named party or the subject of a proceeding before my agency.  BRIEF DESCRIPTION OF PROCEEDINGS:  Donor Fresno Foundation  ADDRESS  One Fresno Foundation  Person Foundation  ADDRESS  One Fresno Street  For a nonprofit organization payee, provide a brief description of any relationship to the official, officials immediate family member or staff member in the role of founder, salaried employee, decision-making capacity (floard member or executive official) or position on an honorary or advisory board.  NAME ADDRESS  One Fresno Foundation  Poyor, City of Fresno  Chairman  BRIEF DESCRIPTION OF PROCEEDINGS:  BRIEF DESCRIPTION OF PROCEEDINGS:  CITY:  STATE:  ZIP CODE:  Fresno  CA 93721  For a nonprofit organization payee, provide a brief description of any relationship to the official, officials immediate family member or staff member in the role of founder, salaried employee, decision-making capacity (floard member or executive Difficial) or position on an honorary or advisory board.  ANAME AND ITTELE TO STATE:  DONE STATE:  DONE TO STATE:  STATE:  STATE:  DONE TO STATE:  STATE:  DONE TO STATE:  DONE TO STATE:  STATE:  DONE TO STATE:  STATE:  DONE TO STATE:  STATE:  DONE TO STATE:  STATE:  STATE:  STATE:  DONE TO STATE:  S		DESIGNATED CONTACT PERSON (NAME AND TITLE):				AREA CODE/PHONE NUMBER: E-MAIL:				CITY OF FRESHO				
Amazon    Donor Advised Fund (DAF)   DAF NAME:   DONOR(S)AND DONORS ADVISOR (SEE INSTRUCTIONS)     Dayor is a named party or the subject of a proceeding before my agency.   BRIEF DESCRIPTION OF PROCEEDINGS:     Dayor is a named party or the subject of a proceeding before my agency.   BRIEF DESCRIPTION OF PROCEEDINGS:     Dayor is a named party or the subject of a proceeding before my agency.   BRIEF DESCRIPTION OF PROCEEDINGS:     Dayor is a named party or the subject of a proceeding before my agency.   BRIEF DESCRIPTION OF PROCEEDINGS:     Dayor is a named party or the subject of a proceeding before my agency.   BRIEF DESCRIPTION OF PROCEEDINGS:     Dayor is a named party or the subject of a proceeding before my agency.   BRIEF DESCRIPTION OF PROCEEDINGS:     Dayor is a named party or the subject of a proceeding before my agency.   BRIEF DESCRIPTION OF PROCEEDINGS:     Dayor is a named party or the subject of a proceeding before my agency.   BRIEF DESCRIPTION OF PROCEEDINGS:     Dayor is a named party or the subject of a proceeding before my agency.   BRIEF DESCRIPTION OF PROCEEDINGS:     Dayor is a named party or the subject of a proceeding before my agency.   BRIEF DESCRIPTION OF PROCEEDINGS:     Dayor is a named party or the subject of a proceeding before my agency.   BRIEF DESCRIPTION OF PROCEEDINGS:     Dayor is a named party or the subject of a proceeding before my agency.   BRIEF DESCRIPTION OF PROCEEDINGS:     Dayor is a named party or the subject of a proceeding before my agency.   BRIEF DESCRIPTION OF PROCEEDINGS:     Dayor is a named party or the subject of a proceeding before my agency.   BRIEF DESCRIPTION OF PROCEEDINGS:     Dayor is a named party or the subject of a proceeding before my agency.   BRIEF DESCRIPTION of Invalidation in the names, addresses and relationship information     Dayor is a name party of party or the subject of a proceeding before my agency.     Dayor is a named party of the subject of a proceeding before my agency.		Chris Montelongo, Deputy Chief of Staff				(559) 621-8000 Chris.				Nontelongo diffesno.gov				
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Payor is a named party or the subject of a proceeding before my agency.    Payer Information   For additional payees, include an attachment with the names, addresses and relationship information		Donor Advised Fund (DAF)												
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NAME: One Fresno Foundation  For a nonprofit organization payse, provide a brief description of any relationship to the 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 P. Dyer, Mayor, City of Fresno  Chairman  ROLE WITH THE NONPROFIT ORGANIZATION:  BRIEF DESCRIPTION:  Executive Officer  4. Payment Information (Complete all information. For estimated payment information check the box below.)  DATE (MONTHOAYYEAR)  AMOUNT  PAYMENT TYPE  BRIEF DESCRIPTION OF IN-KIND PAYMENT  PAYMENT TYPE  BRIEF DESCRIPTION OF IN-KIND PAYMENT  CHARITABLE  CHARITABLE  CHARITABLE  CHARITABLE  CHARITABLE  CHARITABLE  The (DATE/AMOUNT)  IN-KIND GOODS OR SERVICES  MONETARY DONATION  ONE TARY DONATION  IN-KIND GOODS OR SERVICES  The (DATE/AMOUNT)  IN-KIND GOODS OR SERVICES  THE (DAT		and a standard party of the despect of a proceeding soloro my agency.												
One Fresno Foundation    2600 Fresno Street	3.	Payee Information (For additional payees, include an attachment with the names, addresses and relationship information)												
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NAME AND TITLE:  Jerry P. Dyer, Mayor, City of Fresno  Chairman  ROLE WITH THE NONPROFIT ORGANIZATION:  Executive Officer  4. Payment Information (Complete all information. For estimated payment information check the box below.)  DATE  [MONTHICATYPER]  AMOUNT  PAYMENT TYPE  BRIEF DESCRIPTION OF IN-KIND PAYMENT  PURPOSE  CHARITABLE PURPOSE, OR EVENT:  G/9/2025  \$10,000  MONETARY DONATION  IN-KIND GOODS OR SERVICES  The  GOVERNMENTAL  CHARITABLE  REASON FOR ESTIMATE:  The  (ICATERAMOUNT)  IS an estimate and reflects my best efforts at obtaining the accurate information.  REASON FOR ESTIMATE:  The  (ICATERAMOUNT)  SAME AND THE DESCRIPTION:  EXECUTIVE GOVERNMENTAL  CHARITABLE  BRIEF DESCRIPTION:  EXECUTIVE GOVERNMENTAL  CHARITABLE  CHARITABLE  BRIEF DESCRIPTION:  CHARITABLE  BRIEF DESCRIPTION:  CHARITABLE  BRIEF DESCRIPTION:  CHARITABLE  CHARITABLE  BRIEF DESCRIPTION:  CHARITABLE  CHARITABLE  BRIEF DESCRIPTION:  CHARITABLE  BRIEF DESCRIPTION:  CHARITABLE  BRIEF DESCRIPTION:  CHARITABLE  CHARITABLE														
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6/9/2025 \$10,000   MONETARY DONATION   GOVERNMENTAL   CHARITABLE   GOVERNMENTAL   GOVERNMENTAL   GOVERNMENTAL   GOVERNMENTAL   GOVERNMENTAL   CHARITABLE   CHA						BRIEF DESCRIPTION OF IN-KIND PAYMENT PURPOSE				DESCRIBE THE LEGISLATIVE, GOVERNMENTAL, CHARITABLE PURPOSE, OR EVENT:				
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6. Verification T 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.	-	The is an estimate and reflects my best efforts at obtaining the accurate												
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.	5.	Amendment I	Description an	scription and/or Comments (Provide date of original filing or confirmation number in Part 1.)										
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.														
6/24/2025	6.	Verification	Verification											
6/24/2025		I certify, under per	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			4/2025			SHO	W D				EPPC	Form 80	13 (February/2022	

advice@fppc.ca.gov

DATE