Behested Payment Report
A Public Document

Type or Print in Ink.

Amendment of Filing	Date Stamp (Agency)	CALIFORNIA FORM 803
☐ Check box if an Amendment / / (Month, Day, Year) #_____ Confirmation Number	RECEIVED 2025 SEP 12 P 1:56 CITY OF FRESNO CITY CLERK'S OFFICE	

1. Elected Officer or CPUC Member *(Last name, First name)*

ELECTED OFFICER OR CPUC MEMBER:	AGENCY NAME:	AGENCY STREET ADDRESS:
Mike Karbassi	City of Fresno	2600 Fresno St, Fresno, CA, 93721
DESIGNATED CONTACT PERSON (NAME AND TITLE):	**AREA CODE/PHONE NUMBER:**	**EMAIL:**
Mike Karbassi, Councilmember	559/601-0564	mike.karbassi@fresno.gov

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

NAME:	ADDRESS:	CITY:	STATE:	ZIP CODE:
Kashian Enterprises	255 E River Park Circle, Suite 120	Fresno	CA	93720

☐ 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:	ADDRESS:	CITY:	STATE:	ZIP CODE:
National Union for Democracy In Iran	10730 Normandie Farm Dr	Potomac	MD	20854

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:
9/10/2025	$10,000	☑ MONETARY DONATION ☐ IN-KIND GOODS OR SERVICES		☐ LEGISLATIVE ☐ GOVERNMENTAL ☑ CHARITABLE	Monetary support for fundraising event.
		☐ MONETARY DONATION ☐ IN-KIND GOODS OR SERVICES		☐ LEGISLATIVE ☐ GOVERNMENTAL ☐ 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 9/12/2025 (DATE) By _____ (SIGNATURE)