

**Behested Payment Report**  
A Public Document

Type or Print in Ink.

<b>Amendment of Filing</b> <input type="checkbox"/> Check box if an Amendment _____ (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency) <b>RECEIVED</b> 2025 DEC 18 P 2:53 CITY OF FRESNO CITY CLERK'S OFFICE Sarah.Boren@fresno.gov	<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 Street</b>
DESIGNATED CONTACT PERSON (NAME AND TITLE): <b>Sarah Boren, Executive Assistant</b>	AREA CODE/PHONE NUMBER: <b>(559)-621-8000</b>	E-MAIL: <b>Sarah.Boren@fresno.gov</b>

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

NAME: <b>The Spencer Family Charitable Foundation</b>	ADDRESS: <b>5286 East Home Avenue</b>	CITY: <b>Fresno</b>	STATE: <b>Ca</b>	ZIP CODE: <b>93727</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>Fresno Area Hispanic Foundation</b>	ADDRESS: <b>1444 Fulton Street</b>	CITY: <b>Fresno</b>	STATE: <b>Ca</b>	ZIP CODE: <b>93721</b>
For a <b>nonprofit organization payee</b> , 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>Dora Westerlund</b>	ROLE WITH THE NONPROFIT ORGANIZATION: <b>CEO</b>	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:
<b>12/4/2025</b>	<b>10,000</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>Charitable Contribution for Mariposa Winter Village Ice Skating Plaza</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	
<input type="checkbox"/> The _____ is an estimate and reflects my best efforts at obtaining the accurate information. (DATE/AMOUNT)			REASON FOR ESTIMATE:		

**5. Amendment Description and/or Comments** (Provide date of original filing or confirmation number in Part 1.)

**Payment made to Fresno Area Hispanic Foundation at the behest of the Mayor Dyer**

**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 **12/18/2025**  
DATE

By   
SIGNATURE