

Behested Payment Report
A Public Document

Type or Print in Ink.

<input type="checkbox"/> Check box if an Amendment	Date Stamp (Agency)	CALIFORNIA FORM
/ / (Month, Day, Year)		803
# Confirmation Number	RECEIVED	

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

ELECTED OFFICER OR CPUC MEMBER:

Jerry Dyer

DESIGNATED CONTACT PERSON (NAME AND TITLE):

Sarah Boren, Executive Assistant

AGENCY NAME:

City of Fresno

AGENCY STREET ADDRESS:

2600 FULTON Street

CITY OF FRESNO

CITY CLERK'S OFFICE

AREA CODE/PHONE NUMBER:

(559)-621-8000

E-MAIL:

Sarah.Boren@fresno.gov

2025 DEC 18 P 2:53

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

NAME:

The Spencer Family Charitable Foundation

ADDRESS:

5286 East Home Avenue

CITY:

Fresno

STATE:

Ca

ZIP CODE:

93727

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:

Fresno Area Hispanic Foundation

ADDRESS:

1444 Fulton Street

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:

Dora Westerlund

ROLE WITH THE NONPROFIT ORGANIZATION:

CEO

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:
12/4/2025	10,000	<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	Charitable Contribution for Mariposa Winter Village Ice Skating Plaza
		<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	

The _____ is an estimate and reflects my best efforts at obtaining the accurate information.

REASON FOR ESTIMATE:

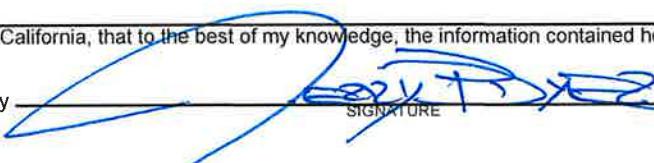
5. Amendment Description and/or Comments (Provide date of original filing or confirmation number in Part 1.)

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