

**Behested Payment Report**  
A Public Document

Type or Print in Ink.

<b>Amendment of Filing</b> <input type="checkbox"/> Check box if an Amendment  <hr/> (Month, Day, Year)  # <input type="text"/> Confirmation Number	Date Stamp (Agency)  <b>RECEIVED</b>  2025 JAN - 5 P 3:35	CALIFORNIA FORM <b>803</b>
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**1. Elected Officer or CPUC Member (Last name, First name)**

ELECTED OFFICER OR CPUC MEMBER: <b>Jerry P. Dyer</b>	AGENCY NAME: <b>City of Fresno</b>	AGENCY STREET ADDRESS: <b>CITY OF FRESNO 2600 Fresno Street'S OFFICE</b>
DESIGNATED CONTACT PERSON (NAME AND TITLE): <b>Chris Montelongo, Deputy Chief of Staff</b>	AREA CODE/PHONE NUMBER: <b>(559) 621-8000</b>	E-MAIL: <b>Chris.Montelongo@fresno.gov</b>

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

NAME: <b>Amazon</b>	ADDRESS: <b>P.O. Box</b>	CITY: <b>Seattle</b>	STATE: <b>WA</b>	ZIP CODE: <b>981108</b>
<input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)	DAF NAME:  <input type="text"/>	DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)  <input type="text"/>		
<input type="checkbox"/> Payor is a named party or the subject of a proceeding before my agency.	BRIEF DESCRIPTION OF PROCEEDINGS:  <input type="text"/>			

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

NAME: <b>One Fresno Foundation</b>	ADDRESS: <b>2600 Fresno Street</b>	CITY: <b>Fresno</b>	STATE: <b>CA</b>	ZIP CODE: <b>93721</b>
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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: <b>Jerry P. Dyer, Mayor, City of Fresno</b>	ROLE WITH THE NONPROFIT ORGANIZATION: <b>Chairman</b>	BRIEF DESCRIPTION: <b>Executive Officer</b>
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**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:
11/6/2025	\$20,000	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES	<input type="text"/>	<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	<b>Beautify Fresno - Sponsorship</b>
		<input type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES	<input type="text"/>	<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 1/5/2026  
DATE

By Jerry P. Dyer  
SIGNATURE