

Behested Payment Report
A Public Document

Type or Print in Ink.

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

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

ELECTED OFFICER OR CPUC MEMBER: Jerry Dyer	AGENCY NAME: City of Fresno	AGENCY STREET ADDRESS: 2600 Fresno Street CITY OF FRESNO CITY CLERK'S OFFICE
DESIGNATED CONTACT PERSON (NAME AND TITLE): Sarah Boren, Executive Assistant	AREA CODE/PHONE NUMBER: (559)-621-8000	E-MAIL: Sarah.Boren@fresno.gov

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

NAME: Valley Children's Hospital	ADDRESS: 9300 Valley Children's Place	CITY: Madera	STATE: Ca	ZIP CODE: 93636
<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: Fresno Area Hispanic Foundation	ADDRESS: 1444 Fulton Street	CITY: Fresno	STATE: Ca	ZIP CODE: 93721
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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: Dora Westerlund	ROLE WITH THE NONPROFIT ORGANIZATION: CEO	BRIEF DESCRIPTION:
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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:
12/23/2025	25,000	<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 (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.)

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 1/5/2026
DATE

By 
SIGNATURE