

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) # _____ Confirmation Number	Date Stamp (Agency)	CALIFORNIA FORM 803
	RECEIVED 2026 MAY 13 A 9 23	

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

ELECTED OFFICER OR CPUC MEMBER: Jerry P. Dyer	AGENCY NAME: City of Fresno	AGENCY STREET ADDRESS: 2600 Fresno Street
DESIGNATED CONTACT PERSON (NAME AND TITLE): Chris Montelongo	AREA CODE/PHONE NUMBER: (559) 621-8000	E-MAIL: Chris.Montelongo@fresno.gov

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

NAME: United Health Centers of San Joaquin Valley	ADDRESS: 3875 West Beechwood Avenue	CITY: Fresno	STATE: CA	ZIP CODE: 93711
<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: One Fresno Foundation	ADDRESS: 2600 Fresno 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: Jerry P. Dyer	ROLE WITH THE NONPROFIT ORGANIZATION: CEO & Chairman	BRIEF DESCRIPTION: Executive Officer		

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:
4/23/2026	\$5,000	<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	One Fresno Foundation is a 501(c)(3) focused on a vision to be an inclusive, prosperous city.
		<input type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<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.

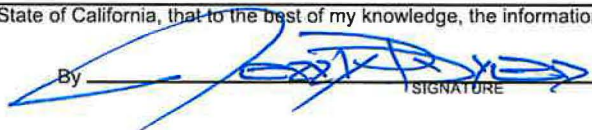
REASON FOR ESTIMATE:

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 5/13/2026
DATE

By 
SIGNATURE