

Behested Payment Report
A Public Document

Type or Print in Ink.

Amendment of Filing ☐ Check box if an Amendment _____ (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency) RECEIVED	CALIFORNIA FORM 803
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1. Elected Officer or CPUC Member (Last name, First name)

ELECTED OFFICER OR CPUC MEMBER: BRANDON VANG	AGENCY NAME: CITY OF FRESNO	AGENCY STREET ADDRESS: 2600 FRESNO STREET
DESIGNATED CONTACT PERSON (NAME AND TITLE): CHONGTOUA MOUAVANGSOU, CHIEF OF STAFF	AREA CODE/PHONE NUMBER: 559-621-7851	E-MAIL: CHONGTOUA.MOUAVANGSOU@FRESNO.GOV

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

NAME: PACIFIC GAS & ELECTRIC (PG&E)	ADDRESS: 8 E. RIVER PARK PLACE W	CITY: FRESNO	STATE: CA	ZIP CODE: 93720
☐ 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 and addresses and relationship information)

NAME: BIG BROTHERS AND BIG SISTERS OF CENTRAL CALIFORNIA	ADDRESS: 4047 NORTH FRESNO STREET	CITY: FRESNO	STATE: CA	ZIP CODE: 93726
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:	ROLE WITH THE NONPROFIT ORGANIZATION:		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:
8/26/2026	\$5,000.000	☐ MONETARY DONATION ☐ IN-KIND GOODS OR SERVICES		☐ LEGISLATIVE ☐ GOVERNMENTAL ☒ CHARITABLE	2ND ANNUAL BACKPACK GIVEAWAY TO STUDENTS IN FRESNO UNIFIED SCHOOL DISTRICT.
		☐ MONETARY DONATION ☐ IN-KIND GOODS OR SERVICES		☐ LEGISLATIVE ☐ GOVERNMENTAL ☐ CHARITABLE	

☐ The (DATE/AMOUNT) is an estimate and reflects my best efforts at obtaining the accurate information.

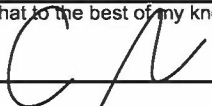
REASON FOR ESTIMATE:

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 **8/27/2026**
DATE

By 
SIGNATURE