

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
California State University, Fresno Division, Department, or Region (if applicable)			
Street Address			
5241 N. Maple Ave. Fresno, CA 93740-8020			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
559-278-2032	kirstenc@csufresno.edu		
Agency Contact (name and title)			
Kirsten Corey, Conflict of Interest Filing Officer			

2. Donor Name and Address

Individual _____ Other Meyers Farms Family Trust
Last Name First Name Name

P.O. Box 457 Firebaugh CA 93622
Address City State Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

3. Payment Information

Date and Amount of Payment (other than travel) _____ \$ _____
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Fresno/Austin/Houston/Dallas/Las Vegas

<u>01/18-21/15</u>	\$ <u>2,833.00</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>2,833.00</u>
<small>Date(s) of Travel</small>	<small>Transportation Expenses</small>	<small>Lodging Expenses</small>	<small>Meal Expenses</small>	<small>Other Expenses</small>	<small>Total Expenses</small>

Provide a specific description of the nature and use of the payment for official agency business:


Recruiting for football.

Identify the officials for whom the payment was used:

<u>DeRuyter</u>	<u>Tim</u>	<u>Head Football Coach</u>	<u>Athletics</u>
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>
<u>Peterson</u>	<u>Jordan</u>	<u>Asst. Football Coach</u>	<u>Athletics</u>
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

	<u>Deborah S. Adishian-Astone</u>	<u>VP for Administration</u>	<u>2/12/2015</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: (Use this space or an attachment for any additional information.)

Additional travelers: Ron Antoine, Asst. Football Coach

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1. Agency Name California State University, Fresno Division, Department, or Region (if applicable) Street Address 5241 North Maple Ave. Fresno, 93740 Area Code/Phone Number E-mail 559.278.2032 kcorey@csufresno.edu Agency Contact (name and title) Kirsten Corey		Date Stamp	California Form 801 For Official Use Only
<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)			

2. Donor Name and Address

Individual Lance-Kashian Other _____

Last Name: _____ First Name: _____ Name: _____
265 River Park Circle, Suite 150 Fresno CA 93720
 Address City State Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____ \$ _____ Name _____ \$ _____ Amount

3. Payment Information

Date and Amount of Payment (other than travel) _____ \$ _____
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Fresno, CA/Las Vegas, NV/Fresno, CA

2/16/15 \$ \$1000 \$ 0 \$ 0 \$ 0 \$ 1000
 Date(s) of Travel Transportation Expenses Lodging Expenses Meal Expenses Other Expenses Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Identify the officials for whom the payment was used:

(to L. Vegas only) Castro	Joseph	President	Administration
Last Name	First Name	Title	Department/Division
Adishian-Astone	Deborah	Interim VPA	Administration
Last Name	First Name	Title	Department/Division
<u>Terry</u>	<u>Rodney</u>	<u>Coach</u>	<u>Athletics</u>

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Jan A. C... Joseph Castro President 2/20/15
 Signature of Agency Head or Designee Print Name Title (month, day, year)

[Signature] VP for Administration 2/24/2015
 Comment: (Use this space or an attachment for any additional information.)