

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

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

2. Donor Name and Address

Individual Meyers Marvin Other _____
Last Name First 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) received by the donor for this payment:

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

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Hamilton, Montana 08/18/15
Location of Travel Dates (month, day, year)

Transportation Provider Rail Air Bus Auto Other
Check Applicable Boxes

\$ _____ \$ _____ \$ 1,200.00 \$ _____ \$ 1,200.00
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: _____ \$ _____
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Travel to Hamilton, Montana for the purpose of stewardship and cultivation.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

<u>Bartko</u> <small>Last Name</small>	<u>James</u> <small>First Name</small>	<u>Director of Athletics</u> <small>Position/Title</small>	<u>Athletics</u> <small>Department/Division</small>
<u>Ladwig</u> <small>Last Name</small>	<u>Paul</u> <small>First Name</small>	<u>Sr. AD for External Relations</u> <small>Position/Title</small>	<u>Athletics</u> <small>Department/Division</small>

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Deborah Adishian-Astone Interim VP for Administration 08/24/15
Signature Print Name Title (month, day, year)

Comment:

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

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