

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

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

2. Donor Name and Address

Individual **BDF Donors** \_\_\_\_\_  Other \_\_\_\_\_  
Last Name First Name Name

(see list attached) CA  
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** Minneapolis, MN 09/08/18  
Location of Travel Dates (month, day, year)

\_\_\_\_\_  Rail  Air  Bus  Auto  Other n/a  
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____	\$ _____	\$ 1,488.00	\$ _____	\$ 1,488.00
<small>Lodging Expenses</small>	<small>Meal Expenses</small>	<small>Transportation Expenses</small>	<small>Other Expenses</small>	<small>Total Expenses</small>

**3.1 (b) Payment(s) not related to travel:** n/a \$ \_\_\_\_\_  
Dates (month, day, year) Total Expenses

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


To attend the Fresno State vs. Minnesota football game on 09/08/18.

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

Tummey, Terry	Brooks, Adam	Athletics Dir/Asst AD Dev	Department of Athletics
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>
Adishian-Astone	Deborah	VP for Administration	Administrative Services
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>

4. Verification

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

 Deborah Adishian-Astone Vice President for Administration 09/14/18  
Signature Print Name Title (month, day, year)

Comment: Clerical error on amounts (round trip vs. one-way)

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



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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, Conflict of Interest Filing Officer		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual Meyers Marvin  Other \_\_\_\_\_  
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) 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** Burbank, CA 09/15/18  
Location of Travel Dates (month, day, year)

\_\_\_\_\_  
Transportation Provider  Rail  Air  Bus  Auto  Other n/a  
Check Applicable Boxes Name of Lodging Facility

\$ _____	\$ _____	\$ <u>1,560.00</u>	\$ _____	\$ <u>1,560.00</u>
<small>Lodging Expenses</small>	<small>Meal Expenses</small>	<small>Transportation Expenses</small>	<small>Other Expenses</small>	<small>Total Expenses</small>

**3.1 (b) Payment(s) not related to travel:** n/a \$ \_\_\_\_\_  
Dates (month, day, year) Total Expenses

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


To attend the Fresno State vs. UCLA football game on 09/15/18 at Rose Bowl, Pasadena, CA.

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

<u>Joseph and Mary</u> <small>Last Name</small>	<u>Castro</u> <small>First Name</small>	<u>President / Spouse</u> <small>Position/Title</small>	<u>Office of the President</u> <small>Department/Division</small>
<u>Frank and Debbie</u> <small>Last Name</small>	<u>Lamas</u> <small>First Name</small>	<u>VP Student Affairs/Spouse</u> <small>Position/Title</small>	<u>Student Affairs</u> <small>Department/Division</small>

4. Verification

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

	<u>Deborah Adishian-Astone</u>	<u>Vice President for Administrator</u>	<u>09/21/18</u>
<small>Signature</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment:

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

