Payment to Agency R	eport A Public D	Document		PAYMENT TO AGENCY REI
1. Agency Name			Date Stamp	California
California State University, Fresno			•	Form OU
Division, Department, or Reg	ion (if applicable)			For Official Use Only
Street Address	147			
5241 N. Maple Avenue; Fre	esno, CA 93740-8020			
Area Code/Phone Number	Email		☐ Amendment (explain in comment section)
(559) 278-2032	kirstenc@csufresno.edu			sxpiain in dominont oddisony
Agency Contact (name and title)			Date of Original Fi	iling:(month, day, year)
Kirsten Corey		1		(month, day, your)
2. Donor Name and Addre	ss			
☑ Individual Meyers	Marvin	_ ☐ Other		
Last Name	First Name		-	Name
P. O. Box 457	Firebaugh		CA	A 93622
Address	City		Stat	te Zip Code
If "Other" is marked, describe the entity	s business activity (if business) or its nature and i	interests		
If applicable in	dentify the name of each source and th	he amount(s) re	eceived by the dong	or for this payment:
ii applicable, ii	sentiny the name of each source and the	ie amount(s) re	scerved by the done	or for this payment.
Name	\$:	Name	\$Amount
Payment Information (C	complete Sections 3.1 (a or b)	3 2 3 3)		
	San Diego, California	, 0.2, 0.0,	10	0/03/15
3.1 (a) Travel Payment	Location of Travel		- 10	Dates (month, day, year)
				
Transportation Provider	Rail Air E	Bus □ Auto	Other	Name of Lodging Facility
	-600	00		060000
\$ \$ Lodging Expenses	Meal Expenses Transportation E	\$_ Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:		\$	-
on (2, 1 a , 110111(2, 1100101		Dates (month, d	lay, year)	Total Expenses
3.2. Payment Description	Provide a specific description	of the payme	ent and its agend	cv purpose and use.
-	• •	• •	_	
Fresno State vs. San L	Diego State football game on	October 3,	2015.	
3.3. Identify the officials v	vho used the payment in Section	1 3.1 (See instruc	ctions)	
Bartko	James	Director of A	Athletics	Athletics
Last Name	First Name	Posit	tion/Title	Department/Division
Ladwig	Paul	Sr. AD for F	external Relation	Athletics
Last Name	First Name		ition/Title	Department/Division
Varification				
. Verification		,.		
I authorized the acceptance	of the reported payment(s) as in c	ompliance wit	th FPPC regulation	ons.
56111000000170	Deborah Adishian-Astone	Interir	m VP for Adminis	
Signature	Print Name		Title	(month, day, yea
Comment:				
	or any additional information)			
(Use this space or an attachment f	or any additional information)			FPPC Form 801 (Ja advice@fppc.ca

ayment to Agency Re	eport A Public Doc	cument	PAYMENT TO AGENCY REPOR
. Agency Name		Date Stamp	California 201
California State University,	Fresno		Form OU
Division, Department, or Reg	ion (if applicable)		For Official Use Only
1 1 1 1 2			
Street Address			
5241 N. Maple Avenue; Fre	esno, CA 93740-8020		
Area Code/Phone Number	Email		
(559) 278-2032	kirstenc@csufresno.edu	Amendment (explain in comment section)
Agency Contact (name and title)		Date of Original F	
Kirsten Corey			(month, day, year)
Donor Name and Addre			
✓ Individual Meyers	Marvin	☐ Other	Name
Last Name	First Name Firebaugh	C	
P. O. Box 457	City	Sta	
Address	S.I.y		
Is "Other" in more and describe the catiful	s business activity (if business) or its nature and intere	acte	
ir Other is marked, describe the entity	s pusifiess activity (if busifiess) of its flature and intere	5515.	
	dentify the name of each source and the a	amount(s) received by the don	or for this payment:
	Φ.		¢.
Name	Amount —	Name	Amount
Payment Information (C	Somplete Sections 3.1 (a or b), 3.	2, 3,3)	
•	Eugene, OR		1/30/15
3.1 (a) Travel Payment	Location of Travel		Dates (month, day, year)
Transportation Provider	Rail 🗸 Air 🔲 Bus		Name of Lodging Facility
Transportation 1 Totalor	Check Applicable Boxe	es	1,485.00
\$\$	\$ 1,485.00 Meal Expenses Transportation Exper	S Other Expenses	\$Total Expenses
Lodging Expenses		lises Other Expenses	Total Exponses
3.1 (b) Payment(s) not rel		S Dates (month, day, year)	*Total Expenses
		, , , , , ,	
3.2. Payment Description	. Provide a specific description of t	the payment and its agen	cy purpose and use.
Attend the Fresno Stat	e Men's Basketball game again	st the University of Ore	egon.
	3 3	·	•
0.0	who would the navement in Section 2	4 (0) () () ()	
•	who used the payment in Section 3.		
Abel, Astone, Bartko	Drew, Deborah, James In	itern, VP for Admin, AD	Athletics
Last Name	First Name	Position/Title	Department/Division
Ladwig and Robertello	Paul and Stephen S	r Assoc AD & Deputy AD	Athletics
Last Name	First Name	Position/Title	Department/Division
Lastranio	T HOT MAINS	, comon nac	
Verification			
tauthorized the acceptance	of the reported payment(s) as in com	pliance with FPPC regulati	ons.
- Jun 7 Cin	Joseph I. Castro	President	12/01/15
Signature	Print Name	Title	(month, day, year
Comment:			
(Use this space or an attachment to	for any additional information)		FPPC Form 801 (Jan.

Gift to Agency Report	A Public D	ocument		(GIFT TO AGENCY REPOR
1. Agency Name			Date Stamp	Ca	lifornia 201
California State University,	Fresno				Form OUI
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Street Address			S		
5241 N. Maple Ave. Fresno	CA 93740-8020				
Area Code/Phone Number	E-mail				
559-278-2032	kirstenc@csufresno.edu		Amendment (explain in comi	ment section)
Agency Contact (name and title			Date of Original F	iling:	onth, day, year)
Kirsten Corey, Conflict of In	terest Filing Officer			(111)	ontri, day, year)
2. Donor Name and Addres	SS				
☐ Individual	Meyers	☐ Other	Meyers Farms	Family Tru	st
Last Name	First Name	<u> </u>		Name	00000
P.O. Box 457	Firebaugh		C _i		93622 ip Code
Addiess	City		Old	2	.ip 00d0
If "Other" is marked, describe the entity's	s business activity (if business) or its nature and in	nterests,			
If applicable, identify the name	of each source and the amount(s) soli	cited or receive	ed by the donor for	this gift:	
Name	\$Amount	1	Name		. \$Amount
Travel Payment Informatio	1072 22 0	Travel Ox	nard,CA to San C	arlos, CA	1073.32
Date(s) of Travel	Insportation Expenses Lodging Expenses	\$Meal Exp	enses S Other	Expenses	5Total Expenses
Recruiting for football.	ription of the nature and use of		ient for omeral	agency	business.
DeRuyter	Tim	Head Footb	oall Coach	Athletics	
Last Name	First Name		Title	De	epartment/Division
Norcross	Cameron	Asst. Footb		Athletics	
Last Name	First Name		Title		epartment/Division
4. Verification					
I have determined that it is in th	e interests of the agency to accept this	s gift and use i	t for the official age	ncy busine:	ss described above.
tamm noss	Doharah Adishian Astona	Intor	im VP for Admini	etration	12/4/15
Signature of Agency Head or Design	Deborah Adishian-Astone Print Name		Title		(month, day, year)
Comment: (Use this space or a	n attachment for any additional information.)			
Additional travelers:					

Gift to Agency Report	A Public D	Document		GIFT TO AGENCY REPOR	
1. Agency Name			Date Stamp	California 801	
California State University,	Fresno			Form OU	
Division, Department, or Reg	ion (if applicable)			For Official Use Only	
Human Resources					
Street Address					
5241 N. Maple Ave. Fresno	o, CA 93740-8020				
Area Code/Phone Number	E-mail		Amendment (explain in comment section)	
559-278-2032	kirstenc@csufresno.edu		Date of Original E	iling:	
Agency Contact (name and title			Date of Original Filing:(month, day, year)		
Kirsten Corey, Conflict of I	nterest Filing Officer				
2. Donor Name and Addre	SS				
☐ Individual		_	Meyers Farms	Family Trust	
Last Name	First Name	_	С	Name	
P.O. Box 457 Address	Firebaugh City		Sta		
Addiess	5.4				
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) sol	licited or receiv	ed by the donor for	this gift:	
ii applicatio, reciting are remove	(,				
Name	\$Amount	()	Name	\$Amount	
3. Payment Information					
Travel Payment Information	1056.00 S Location C L			o \$\frac{1056.00}{Total Expenses}	
	ription of the nature and use				
Recruiting for football. Identify the officials for	whom the payment was use	d:	ball Coach	Athletics	
DeRuyter Last Name	First Name	110001 001	Title	Department/Division	
Peterson	Jordan	Asst. Foot	ball Coach	Athletics	
Last Name	First Name	3	Title	Department/Division	
4. Verification					
	the interests of the agency to accept th	his aift and use	it for the official ag	encv business described above.	
i nave determined that it is in t	the interests of the agency to accept the	no giit and acc		-	
		۸	Interio	n VP	
Signature of Agency Head or Designature	Deborah Adishia Print Name	n - Aston	e for A Title	dnin. 12/10/15 (month, day, year)	
Comment: (Use this space or	an attachment for any additional informatio	nn.)			
Additional travelers: Ron	Antoine and Marcus Woodson				

Payment to Agency Repor	t A Public Do	ocument	PAYMENT TO AGENCY REPORT
1. Agency Name		Date Stamp	California O 1
California State University, Fresh	0		Form OUI
Division, Department, or Region (if	applicable)		For Official Use Only
Division of Advancement			
Street Address			
5200 N. Barton, Suite 4154 M/S N	ИI 118		
Area Code/Phone Number Emai			
559.278.6050	•	Amendment (ex	plain in comment section)
Agency Contact (name and title)		Date of Original Fili	ng:
Paula Castadio			(month, day, year)
2. Donor Name and Address	Aiou	Yogurtland	
☐ Individual Hira Last Name	Ajay First Name	Other	Name
5050 N. Chestnut	Fresno	CA	
Address	City	State	
If "Other" is marked, describe the entity's busine	ess activity (if business) or its nature and int	erests	
If applicable, identify	the name of each source and the	e amount(s) received by the donor	r for this payment:
Hira Ajay	\$ 400.00		\$
Name	Amount	Name	Amount
3. Payment Information (Comp	lete Sections 3.1 (a or b),	3.2, 3.3)	
3.1 (a) Travel Payment			
_	Location of Travel		Dates (month, day, year)
	□ Rail □ Air □ Bı	us 🗌 Auto 🔲 Other	
Transportation Provider	Check Applicable Bo	_	Name of Lodging Facility
	•	¢	•
Lodging Expenses Meal	Expenses Transportation Ex	penses Other Expenses	Total Expenses
3.1 (b) Payment(s) not related	to travel:	12/11/15 \$ 400	0.00
211 (11)		Dates (month, day, year)	Total Expenses
3.2. Payment Description. Pro	vide a specific description o	of the payment and its agenc	y purpose and use.
Yogurt samples for Division			
		rees as appreciation for the	ieli service to i resilo
State and to promote staff r	norale.		
3.3. Identify the officials who u	sed the payment in Section	3.1 (See instructions)	
Advancement Employees			
Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Position/Title	Department/Division
4. Verification			
I authorized the acceptance of the	e reported payment(s) as in co	ompliance with FPPC regulation	ns.
+600066A:	Deborah Adishian-Astone	Vice President for Adm	1 2 1 1 1
Signature	Print Name	Title	(month, day, year)
Oignature	1 IIIV 14CHIN	1 151.00	,,,, , . .,
Comment:			
(Use this space or an attachment for any	additional information)		FPPC Form 801 (Jan/14)

Payment to Agency R	eport A Public D	ocument		PAYMENT TO AGENCY REPOR
1. Agency Name			Date Stamp	California O 0 1
California State University,	Fresno		· ·	Form OUI
Division, Department, or Rec	gion (if applicable)			For Official Use Only
Street Address				
5241 N. Maple Avenue; Fre	esno, CA 93740-8020			
Area Code/Phone Number	Email		Amendment (expla	ain in comment section)
(559) 278-2032	kirstenc@csufresno.edu		/ / / / / / / / / / / / / / / / / / /	and the desirent
Agency Contact (name and title)	*		Date of Original Filing	(month, day, year)
Kirsten Corey				(,,,
2. Donor Name and Addre	ess			
☑ 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 in	nterests.	×	
If applicable,	identify the name of each source and th	ne amount(s) re	eceived by the donor fo	or this payment:
	\$			\$
Name	Amount		Name	Amount
3. Payment Information (C	Complete Sections 3.1 (a or b),	, 3.2, 3.3)		
3.1 (a) Travel Payment	Southern CA		12/17	7/15
	Location of Travel			Dates (month, day, year)
·	Rail 🛮 Air 🔲 B	Bus □ Auto	Other	
Transportation Provider	Check Applicable E	Boxes		Name of Lodging Facility
\$	\$\$ <u>654.10</u>	\$.		\$ 654.10
Lodging Expenses	Meal Expenses Transportation E	xpenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not re	lated to travel:	D-1 (\$	Total Expenses
		Dates (month, o		
3.2. Payment Description	. Provide a specific description	of the paymo	ent and its agency	purpose and use.
Meeting with a candida	ate.			
				· -
3.3. Identify the officials v	who used the payment in Section	3.1 (See instru	ctions)	
DeRuyter	Tim	Head Footb	all Coach A	thletics - Football
Last Name	First Name		tion/Title	Department/Division
Last Name	First Name	Pos	ition/Title	Department/Division
1. Verification				
	e of the reported payment(s) as in c	ompliance wi	th FPPC regulations	
Tautionzed the acceptance	Deborah Adishian-Astone	-	m VP for Administra	
DECOULTE Signature	Print Name	interi	m VP for Administration	
Signature	Print Name		ilue	(month, day, year)
Comment:				
(Use this space or an attachment	for any additional information)			FPPC Form 801 (Jan/14 advice@fppc.ca.go