

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California State University, Fresno		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Human Resources			
Street Address 5241 N. Maple Avenue; Fresno, CA 93740-8020		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (559-278-2032)	Email 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) received by the donor for this payment:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

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

3.1 (a) Travel Payment Reno, NV 10/08/16
 Location of Travel Dates (month, day, year)

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

\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>575.00</u>	\$ <u>0.00</u>	\$ <u>575.00</u>
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses

3.1 (b) Payment(s) not related to travel: n/a \$ 0.00
 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. Reno Nevada Football Game on 10/08/16.

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

<u>Bartko, Jim</u>	<u>White, Jaime</u>	<u>Athletics Dir/W BB Coach</u>	<u>Athletics</u>
Last Name	First Name	Position/Title	Department/Division
<u>Garza, Linda</u>	<u>Alegria, Brittany</u>	<u>Softball Coach</u>	<u>Athletics</u>
Last Name	First Name	Position/Title	Department/Division

4. Verification

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

 Deborah Adishian-Astone Vice President for Administrator 10/10/16
 Signature Print Name Title (month, day, year)

Comment:

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

Clear Page

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California State University, Fresno		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Human Resources			
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, Conflict of Interest Filing Officer		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual Kashian Edward Other _____
Last Name First Name Name

265 E. River Park Circle 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) received by the donor for this payment:

_____ \$ _____ _____ \$ _____
Name Amount Name Amount

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

3.1 (a) Travel Payment Stanford, CA 10/22/16
Location of Travel Dates (month, day, year)

_____ Rail Air Bus Auto Other _____
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ 300.00 \$ _____ \$ 300.00
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

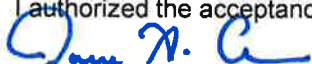
3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
Gift of travel to attend the Stanford vs. Colorado football game, donor relations and stewardship.

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

<u>Adishian- Astone</u>	<u>Deborah</u>	<u>VP for Administration</u>	<u>Administrative Services</u>
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<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.

 Joseph I. Castro President 10/24/16
Signature Print Name Title (month, day, year)

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

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California State University, Fresno		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Human Resources			
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) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Kirsten Corey, Conflict of Interest Filing Officer			

2. Donor Name and Address

Individual Panish Brian Other _____
Last Name First Name Name

11111 Santa Monica Blvd #700 Los Angeles CA 90025
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 Northern CA & State of Washington 11/07/16
Location of Travel Dates (month, day, year)

_____ Rail Air Bus Auto Other _____
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ 1,500.00 \$ _____ \$ 1,500.00
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.
 Gift of travel to attend University business meetings. University Officials: Joseph Castro (President), Deborah Adishian-Astone (VP for Administration), Jim Bartko (Athletics Director), Terry Donovan (Senior Assoc. AD for Business Operations), and Dawn Lewis.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
 Listed on 3.2.

_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<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 VP for Administration 11/14/2016
Signature Print Name Title (month, day, year)

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

Clear Page

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California State University, Fresno		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Human Resources			
Street Address 5241 N. Maple Avenue; Fresno, CA 93740-8020		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (559-278-2032)	Email 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) received by the donor for this payment:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

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

3.1 (a) Travel Payment Carvalis, OR 11/25/16-11/26/16

Location of Travel Dates (month, day, year)

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

\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>1,362.00</u>	\$ <u>0.00</u>	\$ <u>1,362.00</u>
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses

3.1 (b) Payment(s) not related to travel: n/a \$ 0.00

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. Oregon State Men's Basketball game.

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

<u>Bartko</u>	<u>Jim</u>	<u>Director of Athletics</u>	<u>Athletics</u>
Last Name	First Name	Position/Title	Department/Division
<u>Robertello, Steve</u>	<u>Ladwig, Paul</u>	<u>Deputy AD/ Sr. Assoc AD</u>	<u>Athletics</u>
Last Name	First Name	Position/Title	Department/Division

4. Verification

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


 _____ Deborah Adishian-Astone Vice President for Administration 11/28/16
 Signature Print Name Title (month, day, year)

Comment:

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

