

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

California State University, Fresno

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

Agency Contact (name and title)

Kirsten Corey, Conflict of Interest Filing Officer

Date Stamp

California Form 801

For Official Use Only

Amendment (explain in comment section)

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:

Name Amount Name Amount

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

3.1 (a) Travel Payment Laramie, WY 11/18/17
Location of Travel Dates (month, day, year)
Transportation Provider Rail Air Bus Auto Other n/a
Check Applicable Boxes
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

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. Wyoming football game on 11/18/17.

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

Steve Robertello Adam Brooks Deputy AD, Assist Dev AD Athletics
Last Name First Name Position/Title Department/Division
Taylor Tedford Paul Ladwig Dev Dir, Senior AD Ext Rel Athletics
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.

Signature Deborah Adishian-Astone Vice President for Administrator 11/27/17
Print Name Title (month, day, year)

Comment:

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

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2. Donor Name and Address

Individual Zinkin Sr. DeWayne Other
Last Name First Name Name
5 River Park Place West, #203 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 San Diego, CA 11/21/17
Location of Travel Dates (month, day, year)
Transportation Provider Rail Air Bus Auto Other n/a
Check Applicable Boxes
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

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. Air Force inaugural Battle on the Midway match on 11/21/17.

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

Joseph Castro President Office of the President
Last Name First Name Position/Title Department/Division
Mary Castro Spouse Office of the President
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.

Signature Deborah Adishian-Astone Vice President for Administrator 11/27/17
Print Name Title (month, day, year)

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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 Boise, ID 12/02/17 Transportation Provider Rail Air Bus Auto Other n/a

3.1 (b) Payment(s) not related to travel: n/a 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. Boise State MW football championship game on 12/02/17.

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

Linda Garza Joseph and Mary Castro Softball Coach, President Athletics Paul Ladwig Carol Vande Kerkhoff Senior Assoc. AD Ext Rel Athletics

4. Verification

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

Signature Deborah Adishian-Astone Vice President for Administrator 12/08/17

Comment:

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

