

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
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 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** San Diego, California 10/03/15  
Location of Travel Dates (month, day, year)

\_\_\_\_\_  
Transportation Provider  Rail  Air  Bus  Auto  Other  
Check Applicable Boxes

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ 600<sup>00</sup> \$ \_\_\_\_\_ \$ 600<sup>00</sup>  
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.  
Fresno State vs. San Diego State football game on October 3, 2015.

**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 Relator</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 10/09/15  
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

<b>1. Agency Name</b> California State University, Fresno		Date Stamp	<b>California Form 801</b> 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 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** Eugene, OR 11/30/15  
Location of Travel Dates (month, day, year)

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

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ 1,485.00 \$ \_\_\_\_\_ \$ 1,485.00  
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.

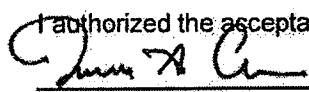
Attend the Fresno State Men's Basketball game against the University of Oregon.

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

<u>Abel, Astone, Bartko</u>	<u>Drew, Deborah, James</u>	<u>Intern, VP for Admin, AD.</u>	<u>Athletics</u>
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>
<u>Ladwig and Robertello</u>	<u>Paul and Stephen</u>	<u>Sr Assoc AD &amp; Deputy AD</u>	<u>Athletics</u>
<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 12/01/15  
Signature Print Name Title (month, day, year)

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

Clear Page



**Gift to Agency Report**

**A Public Document**

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> California State University, Fresno		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 5241 N. Maple Ave. Fresno, CA 93740-8020			
Area Code/Phone Number 559-278-2032	E-mail kirstenc@csufresno.edu	<input type="checkbox"/> <b>Amendment</b> (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** Marvin Meyers  **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) solicited or received by the donor for this gift:

Name	\$	Amount	\$	Name	\$	Amount
------	----	--------	----	------	----	--------

**3. Payment Information**

**Date and Amount of Payment** (other than travel) \_\_\_\_\_ \$ \_\_\_\_\_  
 (month, day, year)                      (Round to whole dollars)

**Travel Payment Information** (Round to whole dollars)      **Location of Travel** Oxnard, CA to San Carlos, CA

<u>12/2/15</u>	\$ <u>1073.32</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>1073.32</u>
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

**Provide a specific description of the nature and use of the payment for official agency business:**

Recruiting for football.

**Identify the officials for whom the payment was used:**

<u>DeRuyter</u> Last Name	<u>Tim</u> First Name	<u>Head Football Coach</u> Title	<u>Athletics</u> Department/Division
<u>Norcross</u> Last Name	<u>Cameron</u> First Name	<u>Asst. Football Coach</u> Title	<u>Athletics</u> Department/Division

**4. Verification**

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

<u></u> Signature of Agency Head or Designee	<u>Deborah Adishian-Astone</u> Print Name	<u>Interim VP for Administration</u> Title	<u>12/4/15</u> (month, day, year)
---	--	---	--------------------------------------

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

Additional travelers:



Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> California State University, Fresno		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) Human Resources			
Street Address 5241 N. Maple Ave. Fresno, CA 93740-8020			
Area Code/Phone Number 559-278-2032	E-mail 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 \_\_\_\_\_  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) solicited or received by the donor for this gift:

\_\_\_\_\_ \$ \_\_\_\_\_ Name Amount \_\_\_\_\_ \$ \_\_\_\_\_ Name Amount

3. Payment Information

Date and Amount of Payment (other than travel) \_\_\_\_\_ \$ \_\_\_\_\_  
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Fresno, CA to Texas/Texas to Los Angeles, CA

12/6-8/15 \$ 1056.00 \$ 0 \$ 0 \$ 0 \$ 1056.00  
Date(s) of Travel Transportation Expenses Lodging Expenses Meal Expenses Other Expenses Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Recruiting for football.

Identify the officials for whom the payment was used:

<u>DeRuyter</u> Last Name	<u>Tim</u> First Name	<u>Head Football Coach</u> Title	<u>Athletics</u> Department/Division
<u>Peterson</u> Last Name	<u>Jordan</u> First Name	<u>Asst. Football Coach</u> Title	<u>Athletics</u> Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

[Signature] Deborah Adishian - Astone Interim VP for Admin. 12/10/15  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Additional travelers: Ron Antoine and Marcus Woodson



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
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 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** Southern CA 12/17/15  
Location of Travel Dates (month, day, year)

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

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ 654.10 \$ \_\_\_\_\_ \$ 654.10  
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.

Meeting with a candidate.

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

<u>DeRuyter</u> <small>Last Name</small>	<u>Tim</u> <small>First Name</small>	<u>Head Football Coach</u> <small>Position/Title</small>	<u>Athletics - Football</u> <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 Interim VP for Administration 12/22/15  
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

<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) Division of Advancement			
<b>Street Address</b> 5200 N. Barton, Suite 4154 M/S ML 118			
<b>Area Code/Phone Number</b> 559.278.6050	<b>Email</b>		
<b>Agency Contact</b> (name and title) Paula Castadio		<input type="checkbox"/> <b>Amendment</b> (explain in comment section) <b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Donor Name and Address**

Individual Hira Ajay  Other Yogurtland  
Last Name First Name Name

5050 N. Chestnut Fresno CA 93710  
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:

Hira Ajay \$ 400.00 \_\_\_\_\_ \$ \_\_\_\_\_  
Name Amount Name Amount

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

**3.1 (a) Travel Payment**

\_\_\_\_\_ Location of Travel \_\_\_\_\_ Dates (month, day, year) \_\_\_\_\_

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

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

**3.1 (b) Payment(s) not related to travel:** \_\_\_\_\_ \$ 400.00  
Dates (month, day, year) Total Expenses

**3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.**  
 Yogurt samples for Division of Advancement employees as appreciation for their service to Fresno State and to promote staff morale.

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

**Advancement Employees**

_____	_____	_____	_____
<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 Vice President for Administrator 12/16/15  
Signature Print Name Title (month, day, year)

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

Clear Page