

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> California State University, Fresno Division, Department, or Region (if applicable)		Date Stamp	California Form <b>801</b> For Official Use Only
Street Address 5241 N. Maple Ave. Fresno, CA 93740-8020			
Area Code/Phone Number 559-278-2032	E-mail kirstenc@csufresno.edu		
Agency Contact (name and title) Kirsten Corey, Conflict of Interest Filing Officer		<input type="checkbox"/> Amendment (explain in comment section) 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 \_\_\_\_\_ \$ \_\_\_\_\_  
 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/Austin/Houston/Dallas/Las Vegas

<u>01/18-21/15</u>	\$ <u>2,833.00</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>2,833.00</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>	<u>Tim</u>	<u>Head Football Coach</u>	<u>Athletics</u>
Last Name	First Name	Title	Department/Division
<u>Peterson</u>	<u>Jordan</u>	<u>Asst. Football Coach</u>	<u>Athletics</u>
Last Name	First Name	Title	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.

Deborah S. Adishian-Astone  
 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, Asst. Football Coach