

**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) Street Address 5241 North Maple Ave. Fresno, 93740 Area Code/Phone Number   E-mail 559.278.2032   kcorey@csufresno.edu Agency Contact (name and title) Kirsten Corey		Date Stamp	<b>California Form 801</b> For Official Use Only
<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)			

**2. Donor Name and Address**

Individual Lance-Kashian  Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
265 River Park Circle, Suite 150 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) solicited or received by the donor for this gift:

\_\_\_\_\_ \$ \_\_\_\_\_ 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/Las Vegas, NV/Fresno, CA

2/16/15 \$ \$1000 \$ 0 \$ 0 \$ 0 \$ 1000  
 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:

Identify the officials for whom the payment was used:

(to L. Vegas only) Castro	Joseph	President	Administration
Last Name	First Name	Title	Department/Division
Adishian-Astone	Deborah	Interim VPA	Administration
Last Name	First Name	Title	Department/Division
<u>Terry</u>	<u>Rodney</u>	<u>Coach</u>	<u>Athletics</u>

**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 of Agency Head or Designee: \_\_\_\_\_  
 Print Name: Joseph Castro Title: President Date: 2/20/15  
 Comment: (Use this space or an attachment for any additional information.)  
VP for Administration 2/24/2015