

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 Ave. 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 _____ 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

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

3.1 (a) Travel Payment _____ Oregon and Washington _____ 1/13-15/16

_____ Location of Travel _____ Dates (month, day, year)

Private Aircraft _____ Rail Air Bus Auto Other _____

_____ Transportation Provider _____ Check Applicable Boxes _____ Name of Lodging Facility _____

\$ _____ \$ _____ \$ 1,359.00 \$ _____ \$ 1,359.00

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.

Meeting with candidates.

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

<u>DeRuyter</u>	<u>Tim</u>	<u>Head Football Coach</u>	<u>Athletics</u>
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division
<u>Toth, Germano</u>	<u>Nick, Pete</u>	<u>Asst. Football Coaches</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 Interim VP for Administration 01/18/16

Signature Print Name Title (month, day, year)

Comment:

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

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Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

California State University, Fresno
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

Agency Contact (name and title)

Kirsten Corey, Conflict of Interest Filing Officer

Date Stamp

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Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

Meyers Farms Family Trust

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/So Cal/WA/Nor Cal/Fresno, CA

1/24-29/16 \$ 0 \$ 0 \$ 0 \$ 4050.00
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:

DeRuyter Tim Head Football Coach Athletics
Last Name First Name Title Department/Division
Ward Lorenzo Asst. Football Coach Athletics
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.

Signature of Agency Head or Designee Deborah S. Adishian-Astone VP for Administration 2/1/16
Print Name Title (month, day, year)

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

Additional travelers: Nick Toth, III, Jordan Peterson, Pete Germano, Asst. FB Coaches