

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

California State University, Fresno
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: rmurphy@csufresno.edu

Agency Contact (name and title)
Bob Murphy, 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 Dant Morris
10667 N. Shinnecock Fresno CA 93730

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/San Jose, CA/Fresno, CA

Nov. 29, 2013 \$ 400.00 \$ - \$ - \$ - \$ 400.00
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:

Identify the officials for whom the payment was used:

Castro Joseph President Office of the President
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: Cynthia Matsun
Print Name: Cynthia Matsun
Title: VPA
Date: 12/3/13

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