

Gift to Agency Report

A Public Document

GIFT 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)			
Street Address 5241 N. Maple Ave. Fresno, CA 93740-8020			
Area Code/Phone Number 559-278-2032	E-mail rmurphy@csufresno.edu	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Bob Murphy, 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/Salt Lake City, UT/Fresno, CA

<u>9/6/14</u>	\$ <u>330.00</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>330.00</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:

Fresno State vs. Utah *Football game*
Representatives from Athletic Department attended game on University business.

Identify the officials for whom the payment was used:

<u>Teniente-Matson</u> Last Name	<u>Cindy</u> First Name	<u>Co-Interim AD</u> Title	<u>Athletics</u> Department/Division
<u>Ladwig</u> Last Name	<u>Paul</u> First Name	<u>Sr. Associate AD/Ex Ops</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.

John A. Castro Signature of Agency Head or Designee
Joseph I. Castro Print Name
President Title
9-4-14 (month, day, year)

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

Mike Batesole, Head Baseball Coach - Athletics (Identified official for whom payment was used)