Payment to Agency R	eport A	A Public Dod	cument		PAYM	ENT TO AGENCY REPOR	
1. Agency Name				Date Stam	Ca	alifornia O A	
California State University, Fresno					Form OUI		
Division, Department, or Region (if applicable)					For Official Use Only		
Human Resources							
Street Address							
5241 N. Maple Avenue; Fre	eno CA 03740-8020						
Area Code/Phone Number	TEmail						
(559-278-2032		a al		✓ Amendment	(explain in com	ment section)	
· · · · · · · · · · · · · · · · · · ·	kirstenc@csufresno.edu			Date of Original Filing:			
Agency Contact (name and title) Kirsten Corey, Conflict of Ir	(month, day, year)						
2. Donor Name and Addre	SS .						
☐ Individual BDF Donors			☐ Other				
Last Name	First Nam	ie .			Name		
(see list attached)					A		
Address	С	City		St	ate Z	ip Code	
If "Other" is marked, describe the entity	's husiness activity (if husiness)	or its nature and interes	oto .				
ii Outer is marked, describe the entity	s business activity (ii business)	or its nature and interes	sts.				
	dentify the name of each	source and the ar	mount(s) re	ceived by the dor	or for this pa	ayment:	
	¢					Φ.	
Name	Ф	ount		Name		Amount	
. Payment Information (C	omplete Sections	3.1 (a or b), 3.2	2. 3.3)				
3.1 (a) Travel Payment	Minneapolis, MN	, ,,	, ,	0:	9/08/18		
511 (2) 1121511 23 1116112		ion of Travel				nonth, day, year)	
	CD. 11 - 5	- A:		. □ Other n		, , ,	
Transportation Provider		☐ Air ☐ Bus	☐ Auto	Other		Lodging Facility	
	C	Check Applicable Boxes 1,488.00				488.00	
\$\$ Lodging Expenses	Meal Expenses	\$ 1,400.00 Transportation Expens	\$_	Other Expenses	\$	Total Expenses	
		n _a				Coldi Enpolitico	
3.1 (b) Payment(s) not rel	ated to traver:		ates (month, da	\$ _	Tot	al Expenses	
2.2. Barres and Barres and the second	D		•			·	
3.2. Payment Description.	Provide a specific d	description of the	ne payme	nt and its agen	cy purpos	e and use.	
To attend the Fresno S	tate vs. Minnesota	football game	e on 09/	08/18.			
		J					
2.2 Islandification official	1. 1.41						
3.3. Identify the officials w	tho used the paymen	it in Section 3.1	(See instruc	tions)			
Tummey, Terry	Brooks, Adam	Ath	nletics Dir/	Asst AD Dev	Departme	ent of Athletics	
Last Name	First Name	s	Positi	on/Title	De	partment/Division	
Adiabian Astona	Daharah						
Adishian-Astone	Deborah	VF	VP for Administration			Administrative Services	
Last Name	First Name		Posit	ion/Title	De	partment/Division	
. Verification							
I authorized the acceptance	of the reported payme	ent(s) as in comp	liance wit	h FPPC regulati	ons.		
TEAN - MA	Deborah Adishi			President for Adı		09/14/18	
130 M Delicoll		Name	- VICE F	Title			
Olynature	Print	INAME		rige		(month, day, year)	
Comment: Clerical error on	amounts (round trip vs	s. one-way)					
(Use this space or an attachment for	or any additional information	1)			-	PPC Form 801 (Jan/14	
					rı	advice@fppc.ca.go	

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esno n (if applicable) no, CA 93740-8020 mail cirstenc@csufresno.edu		Date Stamp Amendment (e	Califo For	ornia 801 rm 801 Official Use Only	
n (if applicable) no, CA 93740-8020 mail tirstenc@csufresno.edu			For	rm OU	
n (if applicable) no, CA 93740-8020 mail tirstenc@csufresno.edu		☐ Amendment (e	For	******	
imail irstenc@csufresno.edu		☐ Amendment (e	explain in comment		
imail irstenc@csufresno.edu		Amendment (e	explain in comment		
imail irstenc@csufresno.edu		☐ Amendment (e	explain in comment		
imail irstenc@csufresno.edu		Amendment (e	explain in comment		
		Amendment (6	explain in comment		
	1	i e	when a countell	section)	
		Date of Original Fi	iling:		
rest Filing Officer				day, year)	
	☐ Other		Nama		
		C		22	
City					
isiness activity (if business) or its nature and	interests				
, and a second of the second o	intereste,				
itify the name of each source and th	he amount(s) re	ceived by the donc	or for this payme	ent:	
\$			\$		
Amount		Name	Ψ_	Amount	
nplete Sections 3.1 (a or b)	, 3.2, 3.3)				
Burbank, CA		09/	/15/18		
Location of Travel		-	Dates (month	, day, year)	
□Rail □Air □F	Bus □ Autc	o □ Other n/a	1		
			Name of Lodg	ing Facility	
s 1,560.00	•		_s 1,560	.00	
Meal Expenses Transportation E	xpenses	Other Expenses	Total I	Expenses	
ed to travel:	n/a	\$			
	Dates (month, da	ay, year)	Total Exp	penses	
rovide a specific description	of the payme	nt and its agenc	y purpose a	nd use.	
te vs. LICLA football game	on 09/15/1	8 at Rose Row	/ Pasaden	a CΔ	
te vs. OOLA lootball game	011 03/10/10	o at Nose bow	n, r asaucii	a, OA.	
	1 3.1 (See instruc	tions)			
Castro	President / Spouse		Office of the President		
First Name	Position/Title		Department/Division		
nk and Debbie Lamas VF		VP Student Affairs/Spouse		Student Affaire	
Last Name First Name		Position/Title		Department/Division	
the reported payment(s) as in c	ompliance wit	h FPPC regulatio	ns.		
the reported payment(s) as in c Deborah Adishian-Astone		h FPPC regulatio President for Adm		9/21/18	
		-		9/21/18 (month, day, year)	
Deborah Adishian-Astone		President for Adm			
	Marvin First Name Firebaugh City siness activity (if business) or its nature and the siness activity (if business) or it	Marvin First Name Firebaugh City siness activity (if business) or its nature and interests. Amount Inplete Sections 3.1 (a or b), 3.2, 3.3) Burbank, CA Location of Travel Rail Air Bus Auto Check Applicable Boxes 1,560.00 Fransportation Expenses at to travel: notation of the payment in Section 3.1 (See instruction Section 3.1 (See instruction Section 4.5) Dates (Month, decorated) Locatro President / Section 3.1 (See instruction Section Secti	Marvin First Name Firebaugh City Stat Stat Stat Siness activity (if business) or its nature and interests. Intify the name of each source and the amount(s) received by the donor and the name of each source and the amount(s) received by the donor and the sections 3.1 (a or b), 3.2, 3.3) Burbank, CA In the sections 3.1 (a or b), 3.2, 3.3) Burbank, CA In the section of Travel In the section of Trave	Marvin First Name Firebaugh City State Zip Co siness activity (if business) or its nature and interests. Ittify the name of each source and the amount(s) received by the donor for this payment Samount	

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