rayment to Agency N	Leport A Public	Document		PAYMENT TO AGENCY REPOR
1. Agency Name			Date Stamp	California Q 0 4
California State University,				Form OU
Division, Department, or Re	gion (if applicable)	12	ĺ	For Official Use Only
Human Resources				
Street Address				
5241 N. Maple Avenue; Fre	esno, CA 93740-8020			
Area Code/Phone Number	Email			
(559-278-2032	kirstenc@csufresno.edu		Amendment (e	explain in comment section)
Agency Contact (name and title)			Date of Original Fi	iling:
Kirsten Corey, Conflict of Ir	nterest Filing Officer			(month, day, year)
2. Donor Name and Addre				
			Meyers Farms F	amily Trust
☐ Individual Last Name	First Name	☑ Other	——————————————————————————————————————	Name
P.O Box 457	Firebaugh		CA	
Address	City		Stat	
If "Other" is marked, describe the entity	's business activity (if business) or its nature ar	nd interests.		
78207 16 P 1 1 1 1				
	dentify the name of each source and	the amount(s) re	ceived by the dono	or for this payment:
	\$			\$
Name	Amount		Name	Amount
. Payment Information (C	Complete Sections 3.1 (a or l	b), 3.2, 3.3)		
3.1 (a) Travel Payment	Reno, NV		10/	/08/16
	Location of Travel			Dates (month, day, year)
	Rail 🗸 Air 🗆] Bus □ Auto	□ Other n/a	1
Transportation Provider	Check Applicable			Name of Lodging Facility
\$ 0.00 \$	0.00	¢ (0.00	_© 575.00
Lodging Expenses	Meal Expenses Transportation	n Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:	n/a	\$ 0.0	00
		Dates (month, da	ay, year)	Total Expenses
3.2. Payment Description.	. Provide a specific description	n of the payme	nt and its agenc	y purpose and use.
	State vs. Reno Nevada Foot			
. 5 41.574 110 1 100/10 0	tate vo. I tone i ve vada i oot	ban Game or	1 10/00/10.	
2.2 Idouale, also services				
	who used the payment in Section			
Bartko, Jim	White, Jaime	Athletics Dir/	W BB Coach	Athletics
Last Name	First Name	Positi	on/Title	Department/Division
Garza, Linda	Alegria, Brittany	Catthall Can	-l-	A Alba La A' a a
Last Name	First Name	Softball Coa		Athletics
Last Name	First Name	Positi	on/Title	Department/Division
. Verification				
I authorized the acceptance	of the reported payment(s) as in	compliance with	n FPPC regulation	ns.
+5000 POO POLL	Deborah Adishian-Astone		resident for Admi	
Signature	Print Name		Title	(month, day, year)
				(
Comment:				
(Use this space or an attachment for	r any additional information)			FPPC Form 801 (Jan/14
				advice@fppc.ca.gov

Payment to Agency Re	eport A	Public Docume	nt	PAYMENT TO AGENCY REPO
. Agency Name			Date Stamp	Collicanista
California State University,	Fresno		Jako otamp	Form 8U
Division, Department, or Reg	ion (if applicable)		-	For Official Use Only
Human Resources			.4	
Street Address			-	
5241 N. Maple Avenue; Fre	sno. CA 93740-8020			
Area Code/Phone Number	Email			
(559-278-2032	kirstenc@csufresno.e	edu	Amendment	(explain in comment section)
Agency Contact (name and title)			Date of Original F	Filing:
Kirsten Corey, Conflict of In	terest Filing Officer			(month, day, year)
Donor Name and Addres				
Kashian	edward	-		
Individual Ast Name	First Name	1 Othe	er	Name
265 E. River Park Circle		resno	C	A 93720
Address	Ci			ate Zip Code
f "Other" is marked, describe the entity's	business activity (if business) of	or its nature and interests.		
If applicable, ic	lentify the name of each	source and the amount(s)) received by the don	or for this payment:
	\$			¢
Name	Amo	punt	Name	Amount
Payment Information (C	omplete Sections 3	.1 (a or b), 3.2, 3.3)		
3.1 (a) Travel Payment	Stanford, CA	(, , ,	10	0/22/16
o.i (a) ilavoit ayillelli		on of Travel		Dates (month, day, year)
	ED.:			, , , , ,
Transportation Provider] Air ☐ Bus ☐ Ainneck Applicable Boxes	uto 🗌 Other 🔔	Name of Lodging Facility
		300.00		300.00
\$\$_ Lodging Expenses	Meal Expenses	Transportation Expenses	\$Other Expenses	Total Expenses
3.1 (b) Payment(s) not rela	ated to travel	76-2004/1904 11 00000-24 0 (Direct Septem	· e	
o. (b) Taymont(s) not rele	ited to traver.	Dates (month	n, dav. vear)	Total Expenses
3.2. Payment Description.	Provide a specific d	ascription of the nave	mont and its easn	
			_	
Gift of travel to attend the	ne Stanford vs. Col	lorado football gam	e, donor relation	ns and stewardship.
				·
3.3. Identify the officials w	ho used the navment	t in Section 3.1 (See inc	tructions)	
Adishian- Astone				Administrative Open to
Last Name	Deborah		ministration	Administrative Services
Last Name	First Name	P	osition/Title	Department/Division
Last Name	First Name		osition/Title	Department/Division
				Doparation Division
/erification				
authorized the acceptance	of the reported paymer	nt(s) as in compliance v	with FPPC regulation	ons.
-/my 1/1. Ce	Joseph I. Castro	Pre	sident	10/24/16
Signature		Name	Title	(month, day, year)
				(, ,)
Comment:				
(Use this space or an attachment fo	r any additional information)			

Payment to Agency Report A Public Docum	ent	PAYMENT TO AGENCY REPOR
1. Agency Name	Date Stamp	California O O
California State University, Fresno	Bato otamp	Form 8U
Division, Department, or Region (if applicable)		For Official Use Only
Human Resources		
Street Address		
5241 N. Maple Avenue; Fresno, CA 93740-8020	1	
Area Code/Phone Number Email	□ Amand—sut/s	-1
(559-278-2032 kirstenc@csufresno.edu	Amenament (ex	plain in comment section)
Agency Contact (name and title)	Date of Original Fili	
Kirsten Corey, Conflict of Interest Filing Officer		(month, day, year)
2. Donor Name and Address		
☑ Individual Panish Brian □ O	ther	
Last Name First Name	er	Name
11111 Santa Monica Blvd #700 Los Angeles	CA	90025
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	t(s) received by the donor	for this payment:
***		· ·
Name Amount	Name	Amount
3.1 (a) Travel Payment Northern CA & State of Washington Location of Travel Rail DAir DBus D	7	07/16 Dates (month, day, year)
Transportation Provider Rail Air Bus Check Applicable Boxes \$ 1,500.00	Auto Other	Name of Lodging Facility
Transportation Provider Substantial Check Applicable Boxes Subst	7	Dates (month, day, year) Name of Lodging Facility
Transportation Provider Standard Stand	Auto Other	Name of Lodging Facility \$\frac{1,500.00}{Total Expenses}
Transportation Provider Rail	Auto Other SOUTH OTHER DESCRIPTION OF THE PROPERTY OF THE PRO	Name of Lodging Facility \$\frac{1,500.00}{\text{Total Expenses}}\$
Transportation Provider S_Lodging Expenses Meal Expenses Lodging Expenses S_Lodging Expenses Meal Expenses S_Transportation Expenses 3.1 (b) Payment(s) not related to travel:	Auto Other SOTHER EXPENSES Onth, day, year) ayment and its agency ersity Officials: Jose ko (Athletics Directors)	Name of Lodging Facility \$\frac{1,500.00}{\text{Total Expenses}}\$ Total Expenses purpose and use. ph Castro (President),
Transportation Provider Rail	Auto Other SOTHER EXPENSES Onth, day, year) ayment and its agency ersity Officials: Jose ko (Athletics Directors)	Name of Lodging Facility \$\frac{1,500.00}{\text{Total Expenses}}\$ Total Expenses purpose and use. ph Castro (President),
Transportation Provider Rail	Auto Other SOTHER EXPENSES Onth, day, year) ayment and its agency ersity Officials: Jose ko (Athletics Directors)	Name of Lodging Facility \$\frac{1,500.00}{\text{Total Expenses}}\$ Total Expenses purpose and use. ph Castro (President),
Transportation Provider Rail	Auto Other SOTHER EXPENSES Onth, day, year) ayment and its agency ersity Officials: Jose ko (Athletics Directors) instructions)	Name of Lodging Facility \$\frac{1,500.00}{\text{Total Expenses}}\$ Total Expenses Total Expenses Total President, ph Castro (President), or), Terry Donovan
Transportation Provider Rail	Auto Other SOTHER EXPENSES Onth, day, year) Ayment and its agency exity Officials: Jose ko (Athletics Director wis. instructions)	Name of Lodging Facility \$\frac{1,500.00}{\text{Total Expenses}}\$ Total Expenses Total Expenses Total President, ph Castro (President), or), Terry Donovan
Transportation Provider Rail	Auto Other SOTHER EXPENSES Onth, day, year) ayment and its agency ersity Officials: Jose ko (Athletics Directors) instructions)	Name of Lodging Facility \$\frac{1,500.00}{\text{Total Expenses}}\$ Total Expenses Total expenses Total purpose and use. ph Castro (President), or), Terry Donovan
Transportation Provider Rail	Auto Other SOTHER EXPENSES Onth, day, year) Ayment and its agency exity Officials: Jose ko (Athletics Director wis. instructions)	Name of Lodging Facility \$\frac{1,500.00}{\text{Total Expenses}}\$ Total Expenses Total Expenses Total President, ph Castro (President), pr), Terry Donovan Department/Division
Transportation Provider Rail	Auto Other SOTHER EXPENSES Onth, day, year) Ayment and its agency exity Officials: Jose ko (Athletics Director wis. instructions)	Name of Lodging Facility \$\frac{1,500.00}{\text{Total Expenses}}\$ Total Expenses Total Expenses Total President, ph Castro (President), or), Terry Donovan
Transportation Provider Rail	Auto Other SOTHER EXPENSES Onth, day, year) ayment and its agency ersity Officials: Jose ko (Athletics Director wis. instructions) Position/Title	Name of Lodging Facility \$\frac{1,500.00}{Total Expenses} Total Expenses Total Expenses Total President Total Expenses
Transportation Provider Rail	Auto Other SOTHER EXPENSES Onth, day, year) ayment and its agency ersity Officials: Jose ko (Athletics Director wis. instructions) Position/Title	Name of Lodging Facility \$\frac{1,500.00}{Total Expenses} Total Expenses Total Expenses Total President, or), Terry Donovan Department/Division
Transportation Provider Rail	Auto Other \$	Name of Lodging Facility \$\frac{1,500.00}{Total Expenses} Total Expenses Total Expenses Total President, or), Terry Donovan Department/Division
Transportation Provider Rail	Auto Other SOTHER EXPENSES Onth, day, year) Ayment and its agency Persity Officials: Jose Ro (Athletics Director Wis. Instructions) Position/Title Position/Title The with FPPC regulation Person Administration	Name of Lodging Facility \$\frac{1,500.00}{Total Expenses} Total Expenses Total Expenses Total President, or), Terry Donovan Department/Division

. Agency Name		A Public Docun	ient	PAYMENT TO AGENCY REPO
· · · · · · · · · · · · · · · · · · ·		-	Date Stam	
California State University, Fresno				Form OU
Division, Department, or Reg	gion (if applicable)			For Official Use Only
Human Resources				
Street Address				
5241 N. Maple Avenue; Fre	esno, CA 93740-802	20		
Area Code/Phone Number	Email		☐ Amondment	(avalain in account a situation)
(559-278-2032	kirstenc@csufresr	no.edu	Amendment	(explain in comment section)
Agency Contact (name and title)			Date of Original	Filing:
Kirsten Corey, Conflict of Ir	terest Filing Officer			(month, day, year)
. Donor Name and Addre	ess			
☐ Individual		Z C	Meyers Farms	Family Trust
Last Name	First N	ame		Name
P.O Box 457		Firebaugh		CA 93622
Address		City	S	ate Zip Code
If "Other" is marked describe the entity	a business anti-ity (# business	-1-1		
If "Other" is marked, describe the entity	s dusiness activity (if busines	ss) or its nature and interests.		
	dentify the name of ea	ch source and the amour	it(s) received by the dor	nor for this payment:
	¢			2
Name		Amount	Name	\$ Amount
Payment Information (C	omplete Sections	s 3.1 (a or b), 3.2. 3.	3)	
3.1 (a) Travel Payment	Carvalis, OR	(,		1/25/16-11/26/16
an (u) maron u) mone		cation of Travel		Dates (month, day, year)
	□ Pail	□ Air □ Due □	1 A	/a
Transportation Provider	Rail	✓ Air ☐ Bus ☐ Check Applicable Boxes	Auto Other n	Name of Lodging Facility
0.00	0.00	1.362.00	0.00	1,362.00
	20000	Transportation Expenses	SOther Expenses	S
Lodging Expenses	Meal Expenses			00
	Colorate mark (makes Water)	n/a	s 0	.00
Lodging Expenses 3.1 (b) Payment(s) not rel	Colorate mark (makes Water)		onth, day, year) \$ 0	Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:	Dates (m	onth, day, year)	Total Expenses
3.1 (b) Payment(s) not rel3.2. Payment Description.	ated to travel: Provide a specific	Dates (m	onth, day, year) ayment and its ager	Total Expenses
3.1 (b) Payment(s) not rel	ated to travel: Provide a specific	Dates (m	onth, day, year) ayment and its ager	Total Expenses
3.1 (b) Payment(s) not rel3.2. Payment Description.	ated to travel: Provide a specific	Dates (m	onth, day, year) ayment and its ager	Total Expenses
3.1 (b) Payment(s) not rel3.2. Payment Description.To attend the Fresno S	ated to travel: Provide a specific tate vs. Oregon S	Dates (m c description of the pa State Men's Basket	ayment and its ager	Total Expenses
3.1 (b) Payment(s) not rel3.2. Payment Description.	ated to travel: Provide a specific tate vs. Oregon S	Dates (m c description of the pa State Men's Basket	ayment and its ager	Total Expenses
3.1 (b) Payment(s) not rel3.2. Payment Description.To attend the Fresno S	ated to travel: Provide a specific tate vs. Oregon S	Dates (m c description of the pa State Men's Basket ent in Section 3.1 (See	ayment and its ager	Total Expenses
3.1 (b) Payment(s) not rel3.2. Payment Description.To attend the Fresno S3.3. Identify the officials w	ated to travel: Provide a specific tate vs. Oregon s who used the payme	Dates (m c description of the pa State Men's Basket ent in Section 3.1 (See	ayment and its ager ball game.	Total Expenses
3.1 (b) Payment(s) not rel 3.2. Payment Description. To attend the Fresno S 3.3. Identify the officials w Bartko Last Name	ated to travel: Provide a specific tate vs. Oregon s Tho used the payme Jim First Name	Dates (m c description of the pa State Men's Basket ent in Section 3.1 (See	onth, day, year) ayment and its ager ball game. instructions) r of Athletics Position/Title	Total Expenses acy purpose and use. Athletics Department/Division
3.1 (b) Payment(s) not rel 3.2. Payment Description. To attend the Fresno S 3.3. Identify the officials w Bartko Last Name Robertello, Steve	ated to travel: Provide a specific tate vs. Oregon so the payment of the payment	Dates (m c description of the pa State Men's Basket ent in Section 3.1 (See	ayment and its ager ball game. instructions) r of Athletics Position/Title AD/ Sr. Assoc AD	Total Expenses ICY purpose and use. Athletics Department/Division Athletics
3.1 (b) Payment(s) not rel 3.2. Payment Description. To attend the Fresno S 3.3. Identify the officials w Bartko Last Name	ated to travel: Provide a specific tate vs. Oregon s Tho used the payme Jim First Name	Dates (m c description of the pa State Men's Basket ent in Section 3.1 (See	onth, day, year) ayment and its ager ball game. instructions) r of Athletics Position/Title	Total Expenses acy purpose and use. Athletics Department/Division
3.1 (b) Payment(s) not rel 3.2. Payment Description. To attend the Fresno S 3.3. Identify the officials w Bartko Last Name Robertello, Steve Last Name	ated to travel: Provide a specific tate vs. Oregon so the payment of the payment	Dates (m c description of the pa State Men's Basket ent in Section 3.1 (See	ayment and its ager ball game. instructions) r of Athletics Position/Title AD/ Sr. Assoc AD	Total Expenses ICY purpose and use. Athletics Department/Division Athletics
3.1 (b) Payment(s) not rel 3.2. Payment Description. To attend the Fresno S 3.3. Identify the officials was Bartko Last Name Robertello, Steve Last Name Verification	ated to travel: Provide a specific tate vs. Oregon Solution The used the payment of the paymen	Dates (m c description of the pa State Men's Basket ent in Section 3.1 (See Directo	ayment and its ager ball game. instructions) r of Athletics Position/Title AD/ Sr. Assoc AD Position/Title	Athletics Department/Division Athletics Department/Division
3.1 (b) Payment(s) not rel 3.2. Payment Description. To attend the Fresno S 3.3. Identify the officials w Bartko Last Name Robertello, Steve Last Name	ated to travel: Provide a specific tate vs. Oregon Solution The used the payment of the paymen	Dates (m c description of the pa State Men's Basket ent in Section 3.1 (See Directo	ayment and its ager ball game. instructions) r of Athletics Position/Title AD/ Sr. Assoc AD Position/Title	Athletics Department/Division Athletics Department/Division
3.1 (b) Payment(s) not rel 3.2. Payment Description. To attend the Fresno S 3.3. Identify the officials was Bartko Last Name Robertello, Steve Last Name Verification	ated to travel: Provide a specific tate vs. Oregon Solution The used the payment of the paymen	Dates (modes) c description of the particle o	ayment and its ager ball game. instructions) r of Athletics Position/Title AD/ Sr. Assoc AD Position/Title	Athletics Department/Division Athletics Department/Division Ons.
3.1 (b) Payment(s) not rel 3.2. Payment Description. To attend the Fresno S 3.3. Identify the officials was Bartko Last Name Robertello, Steve Last Name Verification	ated to travel: Provide a specific tate vs. Oregon S Tho used the paymed Jim First Name Ladwig, Paul First Name Of the reported paymed Deborah Adis	Dates (modes) c description of the particle o	ayment and its ager ball game. instructions) r of Athletics Position/Title AD/ Sr. Assoc AD Position/Title	Athletics Department/Division Athletics Department/Division Ons.
3.1 (b) Payment(s) not rel 3.2. Payment Description. To attend the Fresno S 3.3. Identify the officials was Bartko Last Name Robertello, Steve Last Name Verification	ated to travel: Provide a specific tate vs. Oregon S Tho used the paymed Jim First Name Ladwig, Paul First Name Of the reported paymed Deborah Adis	Dates (machine particle) C description of the particle State Men's Basket ent in Section 3.1 (See Directo Deputy nent(s) as in compliance shian-Astone	ayment and its ager ball game. instructions) r of Athletics Position/Title AD/ Sr. Assoc AD Position/Title	Athletics Department/Division Athletics Department/Division Athletics Department/Division 11/28/16