ayment to Agency R	eport A Public	Document		PAYN	ENT TO AGENCY REP
Agency Name			Date Stam		alifornia O O
California State University,	Fresno				Form OU
Division, Department, or Reg	jion (if applicable)		1		For Official Use Only
Human Resources			-		
Street Address			i		
5241 N. Maple Avenue; Fre	esno, CA 93740-8020				
Area Code/Phone Number	Email				
(559-278-2032	kirstenc@csufresno.edu		Amendment	(explain in com	ment section)
Agency Contact (name and title)			Date of Original I	iling:	
Kirsten Corey, Conflict of In	iterest Filing Officer			(m	onth, day, year)
Donor Name and Addre					
Marran	Marvin				
Individual Last Name	First Name	_ ☐ Other	7	Name	
P. O. Box 457	Firebaugh		C		93622
Address	City		Sta		ip Code
f "Other" is marked, describe the entity:	s business activity (if business) or its nature and	l interests.			
If applicable, it	dentify the name of each source and t	the amount(s) re	eceived by the don	or for this pa	ayment:
	 \$				\$
Name	Amount		Name		Amount
Payment Information (C	omplete Sections 3.1 (a or b), 3.2, 3.3)			
3.1 (a) Travel Payment	Laramie, WY		1	1/18/17	
	Location of Travel		_	Dates (r	nonth, day, year)
	Rail 🛮 Air 🔲	Bus □ Auto	Other n/	а	
Transportation Provider	Check Applicable			Name of	Lodging Facility
\$\$.	\$ 4,096.00	\$		\$	
				Ψ	
Lodging Expenses	Meal Expenses Transportation I	Expenses	Other Expenses		Total Expenses
B.1 (b) Payment(s) not rela	50000000000000000000000000000000000000	n/a	\$		Total Expenses
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3.1 (b) Payment(s) not rela	50000000000000000000000000000000000000	n/a Dates (month, da	\$	Tot	al Expenses
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3.1 (b) Payment(s) not rela 3.2. Payment Description.	ated to travel:	n/a Dates (month, da	ay, year) \$ ent and its agen	Tot	al Expenses
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8.1 (b) Payment(s) not rela 6.2. Payment Description. To attend the Fresno S	ated to travel: Provide a specific description tate vs. Wyoming football ga	n/a Dates (month, da of the payme ame on 11/1	ay, year) \$ ent and its agen 8/17.	Tot	al Expenses
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Payment to Agency R	Report A Public				
. Agency Name			Date Stamp	Califo	nia O O
California State University,	Fresno		Date Stamp	Forr	- 4 II II
Division, Department, or Reg					ficial 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 (ex	plain in comment se	ction)
Agency Contact (name and title)			Date of Original Fili	ng:	
Kirsten Corey, Conflict of In	nterest Filing Officer		_	(month, da	ıy, year)
. Donor Name and Addre					
			,		
☐ Individual Zinkin Sr.	DeWayne	☐ Other			
5 River Park Place West, #	First Name 203 Fresno		CA	Name 93720	`
Address	City		State	Zip Code	
	3.4		Oldic	Zip Gode	
If "Other" is marked, describe the entity	's business activity (if business) or its nature and	d interests			
× same to manage a sound and office	o business delivity (ii business) of its flature and	d interests.			
	dentify the name of each source and	the amount(s) re	eceived by the donor	for this paymer	nt:
	\$			•	
Name	Amount	B	Name		Amount
Payment Information (C	omplete Sections 3.1 (a or b), 3.2, 3.3)			
3.1 (a) Travel Payment	San Diego, CA		11/2	21/17	
	Location of Travel			Dates (month, o	lay, year)
			n/a		
	I I Rall I/I Air I I	Rue Flauto	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Transportation Provider	Rail 🗸 Air 🔲 Check Applicable	Bus □ Auto Boxes	Other	Name of Lodgin	g Facility
Transportation Provider		Boxes	o ∐ Other <u>'''</u>	Name of Lodgin	g Facility
Transportation Provider \$	Check Applicable	Boxes \$	Other Expenses	Name of Lodgin	
\$\$	Check Applicable \$ 1,064.00 Meal Expenses Transportation	Boxes \$		\$	
\$ \$	Check Applicable \$ 1,064.00 Meal Expenses Transportation	Boxes Expenses	Other Expenses	\$	penses
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ayment to Agency R	Report A Public			DAVM	ENT TO AGENCY REPO
Agency Name	-		Date Stam		lifornia O O
California State University,	Date Stain		Form 80		
Division, Department, or Re			1		For Official Use Only
Human Resources	- 2				
Street Address				-	
5241 N. Maple Avenue; Fro	esno CA 93740-8020		-		
Area Code/Phone Number	Temail				
(559-278-2032	kirstenc@csufresno.edu		☐ Amendment	(explain in comm	nent section)
Agency Contact (name and title)			Date of Original	Filina:	
Kirsten Corey, Conflict of Ir			Date of Original		лth, day, year)
Donor Name and Addre					
☐ Individual Meyers	Marvin	☐ Other		é	
P. O. Box 457	First Name	_		Name	
Address	Firebaugh City				3622
	City		31	ate Zi	p Code
If "Other" is marked, describe the ontitu	's business activity (if business) or its nature and	4 *-4 4			
outer is marked, describe the entity	s business activity (ii business) or its nature and	a interests.			
If applicable, i	dentify the name of each source and	the amount(s) re	eceived by the dor	nor for this pa	vment:
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Name	Amount	-	Name		\$Amount
Payment Information (C	Complete Sections 3.1 (a or b	1) 32 33)			
3.1 (a) Travel Payment	Boise, ID), U.L, U.U,	1	2/02/17	
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			_		onin, day, year)
Transportation Provider		Bus ☐ Auto	o	/a	
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\$\$			O.1		115
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