Payment to Agency F	Report A Public	Document		PAYMI	ENT TO AGENCY REPO
I. Agency Name			Date Stam	0.0	lifornia OO
California State University, Fresno			Date Starr		_{Form} 80'
Division, Department, or Re	gion (if applicable)				For Official Use Only
Human Resources					
Street Address					
5241 N. Maple Avenue; Fr	esno, CA 93740-8020	4	1		
Area Code/Phone Number	Email		-		
(559-278-2032	kirstenc@csufresno.edu		∐ Amendment	(explain in comm	nent section)
Agency Contact (name and title			Date of Original Filing:		
Kirsten Corey, Conflict of Interest Filing Officer		(month, day, year)			
. Donor Name and Addre	ess				
Mayora	Marvin				
Individual Last Name	First Name	_		Name	
P. O. Box 457	Firebaugh			CA S	3622
Address	City		St	ate Zi	p Code
If "Other" is marked, describe the entity	y's business activity (if business) or its nature and	Interests.			
If applicable	identify the name of such source and	4l 4/- \			
II applicable,	identify the name of each source and t	the amount(s) re	ceived by the dor	or for this pa	yment:
Name	\$				\$
	Amount		Name		Amount
Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)			
3.1 (a) Travel Payment	Reno, NV		1	0/06/18	
	Location of Travel			Dates (m	onth, day, year)
	Rail	Bus □ Auto	□ Other n	/a	
Transportation Provider	Check Applicable			Name of	Lodging Facility
\$	\$ 2688	3-00		_{\$} 2,6	00.888
Lodging Expenses	Meal Expenses Transportation I	Expenses ϕ	Other Expenses	Ψ <u> </u>	otal Expenses
3.1 (b) Payment(s) not re	lated to travel:	n/a	\$		
		Dates (month, da	ay, year)	Tota	I Expenses
3.2. Payment Description	n. Provide a specific description	of the payme	nt and its ager	cy purpos	e and use.
To attend the France Ct	tata va Navada faatball gama	on 10/06/19			
To attend the Flesho Si	tate vs. Nevada football game	011 10/00/16	•		•
3.3. Identify the officials	who used the payment in Section	n 3.1 (See instruc	tions)		
Tumey	Terry	Director of A	thletics	Departme	ent of Athletics
Last Name	First Name	Positi	ion/Title	Dep	artment/Division
Walton, Davey	White, Jaime	Din of Don A	0 WDD 0	D t	and of Adulad
Last Name			& WBB Coach		ent of Athletics
Lastivame	First Name	Posit	ion/Title	Dep	partment/Division
Verification					
I authorized the acceptance	e of the reported payment(s) as in o	compliance wit	h FPPC regulati	ons.	
SAMOON GA.	Deborah Adishian-Astone	•	resident for Adı		10/12/18
Signature CO	Print Name		Title		(month, day, year)
8					,, ,, , - <u></u> ,,
Comment:					
(Use this space or an attachment	for any additional information)				DC Farm 904 (land

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Agency Name				PAYMENT TO AGENCY RE
Agency Marile			Date Stamp	California O
California State University,	, Fresno		•	Form OU
Division, Department, or Re	gion (if applicable)			For Official Use Only
Human Resources				
Street Address				
5241 N. Maple Avenue; Fr				
Area Code/Phone Number	Email		Amendment (exp	plain in comment section)
kirstenc@csufresno.edu		Date of Original Filing:		
Agency Contact (name and title) Kirsten Corey, Conflict of Interest Filing Officer		(month, day, year)		
Donor Name and Addre			<u> </u>	
☐ Individual <u>Kashian</u>	Edward	_ □ Other		
Last Name	First Name			Name
265 E River Park Circle	Fresno		CA	93720
Address	City		State	Zip Code
"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 t	the amount(s) re	ceived by the donor	for this payment:
				\$
Name	Amount	7	Name	Amount
			2/2	
Transportation Provider	□ Rail □ Air □ Check Applicable 239.00		0	Name of Lodging Facility
Transportation Provider Lodging Expenses	Check Applicable	Boxes \$_	Other	
\$ Lodging Expenses	Check Applicable \$\frac{239.00}{\text{Transportation}}\$	Boxes \$_ Expenses \$_ n/a	115.00 Other Expenses	\$ 354.00 Total Expenses
\$\$_S.1 (b) Payment(s) not re	Check Applicable \$\frac{239.00}{\text{Transportation }}\$ Integration 1	Boxes \$_Expenses n/a Dates (month, d.	Other Expenses ay, year)	\$ 354.00 Total Expenses
\$\$_ Lodging Expenses 3.1 (b) Payment(s) not re	Check Applicable \$\frac{239.00}{\text{Transportation}}\$	Boxes \$_Expenses n/a Dates (month, d.	Other Expenses ay, year)	\$ 354.00 Total Expenses
Lodging Expenses 3.1 (b) Payment(s) not re 3.2. Payment Description	Check Applicable \$\frac{239.00}{\text{Transportation }}\$ Integration 1	Expenses \$	Other Expenses \$ ay, year)	\$ 354.00 Total Expenses Total Expenses purpose and use.
\$	Check Applicable \$\frac{239.00}{\text{Fransportation}}\$ Applicable \$\frac{239.00}{\text{Transportation}}\$ Check Applicable \$\frac{239.00}{\text{Transportation}}\$ Check Applicable \$\frac{239.00}{\text{Transportation}}\$ Applicable \$\frac{2}{\text{Transportation}}\$ Application \$\frac{2}{\text{Transportation}}\$ Application \$\frac{2}{\text{Transportation}}\$ Application \$\frac{2}{\text{Transportation}}\$ Application \$\frac{2}{Transpor	Expenses \$	Other Expenses \$ ay, year)	\$ 354.00 Total Expenses Total Expenses purpose and use.
Lodging Expenses 3.1 (b) Payment(s) not re 3.2. Payment Description	Check Applicable \$\frac{239.00}{\text{Fransportation}}\$ Applicable \$\frac{239.00}{\text{Transportation}}\$ Check Applicable \$\frac{239.00}{\text{Transportation}}\$ Check Applicable \$\frac{239.00}{\text{Transportation}}\$ Applicable \$\frac{2}{\text{Transportation}}\$ Application \$\frac{2}{\text{Transportation}}\$ Application \$\frac{2}{\text{Transportation}}\$ Application \$\frac{2}{\text{Transportation}}\$ Application \$\frac{2}{Transpor	Expenses \$	Other Expenses \$ ay, year)	\$ 354.00 Total Expenses Total Expenses purpose and use.
Lodging Expenses 3.1 (b) Payment(s) not re 3.2. Payment Description To attend the Raiders	Check Applicable \$\frac{239.00}{\text{Fransportation}}\$ Applicable \$\frac{239.00}{\text{Transportation}}\$ Check Applicable \$\frac{239.00}{\text{Transportation}}\$ Check Applicable \$\frac{239.00}{\text{Transportation}}\$ Applicable \$\frac{2}{\text{Transportation}}\$ Application \$\frac{2}{\text{Transportation}}\$ Application \$\frac{2}{\text{Transportation}}\$ Application \$\frac{2}{\text{Transportation}}\$ Application \$\frac{2}{Transpor	Expenses \$	Other Expenses Say, year) Say, year)	\$ 354.00 Total Expenses Total Expenses purpose and use.
Lodging Expenses 3.1 (b) Payment(s) not re 3.2. Payment Description To attend the Raiders 3.3. Identify the officials of	Check Applicable \$239.00 Meal Expenses Iated to travel: Provide a specific description vs. 49ers football game on 1 who used the payment in Section	Expenses \$	Other Expenses Say, year) ont and its agency nor relations and	\$ 354.00 Total Expenses Total Expenses purpose and use. d stewardship.
Lodging Expenses 3.1 (b) Payment(s) not re 3.2. Payment Description To attend the Raiders 3.3. Identify the officials of	Check Applicable \$239.00 Meal Expenses Iated to travel: Provide a specific description vs. 49ers football game on 1	Expenses n/a Dates (month, do of the payme 1/01/18, dor n 3.1 (See instruct VP for Administrations)	Other Expenses Say, year) ont and its agency nor relations and	\$ 354.00 Total Expenses Total Expenses purpose and use.
Lodging Expenses 3.1 (b) Payment(s) not re 3.2. Payment Description To attend the Raiders 3.3. Identify the officials was	Check Applicable \$239.00 Meal Expenses Iated to travel: Provide a specific description vs. 49ers football game on 1 who used the payment in Section Deborah	Expenses n/a Dates (month, do of the payme 1/01/18, dor n 3.1 (See instruct VP for Administrations)	Other Expenses Say, year) Int and its agency nor relations and tions)	\$\frac{354.00}{\text{Total Expenses}}\$ Total Expenses purpose and use. d stewardship.
Lodging Expenses 3.1 (b) Payment(s) not re 3.2. Payment Description To attend the Raiders 3.3. Identify the officials of the Name	Check Applicable 239.00 Meal Expenses Iated to travel: Provide a specific description vs. 49ers football game on 1 who used the payment in Section Deborah First Name	Expenses n/a Dates (month, di of the payme 1/01/18, dor n 3.1 (See instruc VP for Admin	Other Expenses ay, year) ont and its agency nor relations and tions) histration	\$\frac{354.00}{\text{Total Expenses}}\$ Total Expenses purpose and use. d stewardship. Administrative Services Department/Division
Lodging Expenses 3.1 (b) Payment(s) not re 3.2. Payment Description To attend the Raiders 3.3. Identify the officials was	Check Applicable \$239.00 Meal Expenses Iated to travel: Provide a specific description vs. 49ers football game on 1 who used the payment in Section Deborah	Expenses n/a Dates (month, di of the payme 1/01/18, dor n 3.1 (See instruc VP for Admin	Other Expenses Say, year) Int and its agency nor relations and tions)	\$\frac{354.00}{\text{Total Expenses}}\$ Total Expenses purpose and use. d stewardship.
Last Name	Check Applicable 239.00 Meal Expenses Iated to travel: Provide a specific description vs. 49ers football game on 1 who used the payment in Section Deborah First Name	Expenses n/a Dates (month, di of the payme 1/01/18, dor n 3.1 (See instruc VP for Admin	Other Expenses ay, year) ont and its agency nor relations and tions) histration	\$\frac{354.00}{\text{Total Expenses}}\$ Total Expenses purpose and use. d stewardship. Administrative Services Department/Division
\$	Check Applicable \$239.00 Meal Expenses Ilated to travel: Provide a specific description vs. 49ers football game on 1 who used the payment in Section Deborah First Name	Expenses n/a Dates (month, do of the payme 1/01/18, dor 1/01/18, dor VP for Admin Posit	Other Expenses ay, year) ont and its agency nor relations and tions) nistration ion/Title	\$\frac{354.00}{\text{Total Expenses}}\$ Total Expenses purpose and use. d stewardship. Administrative Services Department/Division
\$	Check Applicable 239.00 Meal Expenses Iated to travel: Provide a specific description vs. 49ers football game on 1 who used the payment in Section Deborah First Name	Expenses n/a Dates (month, do of the payme 1/01/18, dor 1/01/18, dor VP for Admin Posit	Other Expenses ay, year) ont and its agency nor relations and tions) nistration ion/Title	\$\frac{354.00}{\text{Total Expenses}}\$ Total Expenses purpose and use. d stewardship. Administrative Services Department/Division
Last Name Lodging Expenses 3.1 (b) Payment(s) not re 3.2. Payment Description To attend the Raiders 3.3. Identify the officials of the control of the c	Check Applicable \$239.00 Meal Expenses Ilated to travel: Provide a specific description vs. 49ers football game on 1 who used the payment in Section Deborah First Name	Expenses n/a Dates (month, do of the payme 1/01/18, dor 1/01/18, dor VP for Admin Posit Posit	Other Expenses ay, year) ont and its agency nor relations and tions) nistration ion/Title	Total Expenses Total Expenses purpose and use. d stewardship. Administrative Services Department/Division Department/Division
Last Name Lodging Expenses 3.1 (b) Payment(s) not re 3.2. Payment Description To attend the Raiders Adishian-Astone Last Name Last Name	Check Applicable 239.00 Meal Expenses Ilated to travel: Provide a specific description Vs. 49ers football game on 1 who used the payment in Section Deborah First Name e of the reported payment(s) as in contact the payment of the reported payment of the payment of the payment of the reported payment(s) as in contact the payment of the paymen	Expenses n/a Dates (month, do of the payme 1/01/18, dor 1/01/18, dor VP for Admin Posit Posit	Other Expenses ay, year) Int and its agency nor relations and tions) histration ion/Title h FPPC regulation	\$\frac{354.00}{\text{Total Expenses}}\$ Total Expenses purpose and use. d stewardship. Administrative Services Department/Division Department/Division
Sac Lodging Expenses 3.1 (b) Payment(s) not re 3.2. Payment Description To attend the Raiders 3.3. Identify the officials of the Last Name Last Name Last Name /erification authorized the acceptance	Check Applicable 239.00 Meal Expenses Transportation Interport of the reported payment (s) as in contract of the contract	Expenses n/a Dates (month, do of the payme 1/01/18, dor 1/01/18, dor VP for Admin Posit Posit	Other Expenses 115.00	\$\frac{354.00}{\text{Total Expenses}}\$ Total Expenses purpose and use. d stewardship. Administrative Services Department/Division Department/Division s. s. histratior 11/09/18



	Report A Public	Document	P	AYMENT TO AGENCY REPO
1. Agency Name			Date Stamp	California O O
California State University,	, Fresno		24.0 5,4	Form 80
Division, Department, or Re	gion (if applicable)		i i	For Official Use Only
Human Resources				
Street Address				
5241 N. Maple Avenue; Fro	esno, CA 93740-8020			
Area Code/Phone Number	Email		Amendment (evoluin in	comment section)
(559-278-2032	kirstenc@csufresno.edu		Amendment (explain in comment section)	
Agency Contact (name and title)		Date of Original Filing:(month, day, year)		
Kirsten Corey, Conflict of Ir	nterest Filing Officer			(monal, day, year)
2. Donor Name and Addre	ess			
☐ Individual	Marvin			
Last Name	First Name		Na	
P.O. Box 457	Firebaugh		CA	93622
Address	City		State	Zip Code
If "Other" is received about the the catic	1. 1			
ir Other is marked, describe the entity	's business activity (if business) or its nature ar	na interests.		
If applicable, i	identify the name of each source and	the amount(s) re	eceived by the donor for thi	s payment:
	¢.			r.
Name	Amount		Name	Amount
Transportation Provider	Check Applicable		Other n/a Nan	ne of Lodging Facility
\$\$	\$ 1,382.2		Other Funerage	1,382.20
\$\$Lodging Expenses	Meal Expenses Transportation	n Expenses	Other Expenses	1,382.20 Total Expenses
\$\$_S.1 (b) Payment(s) not re	Meal Expenses Transportation	n Expenses \$- n/a	\$	Total Expenses
3.1 (b) Payment(s) not re	Meal Expenses Transportation	n Expenses n/a Dates (month, d	\$	Total Expenses Total Expenses
3.1 (b) Payment(s) not re	Meal Expenses Transportation lated to travel: . Provide a specific description	n/a Dates (month, d	s lay, year) ent and its agency purp	Total Expenses Total Expenses
3.1 (b) Payment(s) not re 3.2. Payment Description	Meal Expenses Transportation	n/a Dates (month, d	s lay, year) ent and its agency purp	Total Expenses Total Expenses
3.1 (b) Payment(s) not re 3.2. Payment Description	Meal Expenses Transportation lated to travel: . Provide a specific description	n/a Dates (month, d	s lay, year) ent and its agency purp	Total Expenses Total Expenses
3.1 (b) Payment(s) not re3.2. Payment DescriptionTo attend the Fresno S	Meal Expenses Transportation lated to travel: a. Provide a specific description State vs. Boise football game	n/a n/a Dates (month, d n of the payme e on 11/09/18	(ay, year) ent and its agency purple.	Total Expenses Total Expenses
3.1 (b) Payment(s) not re3.2. Payment DescriptionTo attend the Fresno S	Meal Expenses Transportation lated to travel: . Provide a specific description	n/a n/a Dates (month, d n of the payme e on 11/09/18	(ay, year) ent and its agency purple.	Total Expenses Total Expenses
3.1 (b) Payment(s) not re3.2. Payment DescriptionTo attend the Fresno S	Meal Expenses Transportation lated to travel: a. Provide a specific description State vs. Boise football game	n/a n/a Dates (month, d n of the payme e on 11/09/18	(ay, year) ent and its agency purples. Stions)	Total Expenses Total Expenses
3.1 (b) Payment(s) not real3.2. Payment DescriptionTo attend the Fresno S3.3. Identify the officials of the second second	Meal Expenses Transportation lated to travel: The provide a specific description State vs. Boise football game who used the payment in Section	n Expenses n/a Dates (month, d n of the payme e on 11/09/16 on 3.1 (See instruct President	(ay, year) ent and its agency purples. Stions)	Total Expenses Total Expenses Dose and use.
3.1 (b) Payment(s) not resolved. 3.2. Payment Description To attend the Fresno S 3.3. Identify the officials of Castro Last Name	Meal Expenses Intension Transportation Intended to travel: In Provide a specific description State vs. Boise football game who used the payment in Section Joseph First Name	n Expenses n/a Dates (month, d n of the payme e on 11/09/16 on 3.1 (See instruct President	(ay, year) ent and its agency purples. ctions) Office	Total Expenses Total Expenses Dose and use.
3.1 (b) Payment(s) not results. 3.2. Payment Description To attend the Fresno S 3.3. Identify the officials of Castro Last Name Castro	Meal Expenses Transportation lated to travel: I. Provide a specific description State vs. Boise football game who used the payment in Section Joseph First Name Mary	n Expenses n/a Dates (month, d) n of the payme e on 11/09/16 on 3.1 (See instruct President Posit Spouse	lay, year) ent and its agency purp 8. ctions) Office	Total Expenses Total Expenses Dose and use.
3.1 (b) Payment(s) not result in the second	Meal Expenses Intension Transportation Intended to travel: In Provide a specific description State vs. Boise football game who used the payment in Section Joseph First Name	n Expenses n/a Dates (month, d) n of the payme e on 11/09/16 on 3.1 (See instruct President Posit Spouse	(ay, year) ent and its agency purples. ctions) Office	Total Expenses Total Expenses Dose and use.
3.1 (b) Payment(s) not results. 3.2. Payment Description To attend the Fresno S 3.3. Identify the officials of Castro Last Name Castro Last Name	Meal Expenses Transportation lated to travel: I. Provide a specific description State vs. Boise football game who used the payment in Section Joseph First Name Mary	n Expenses n/a Dates (month, d) n of the payme e on 11/09/16 on 3.1 (See instruct President Posit Spouse	lay, year) ent and its agency purp 8. ctions) Office	Total Expenses Total Expenses Dose and use.
3.1 (b) Payment(s) not results. 3.2. Payment Description To attend the Fresno S 3.3. Identify the officials of Castro Last Name Castro Last Name	Meal Expenses Transportation lated to travel: I. Provide a specific description State vs. Boise football game who used the payment in Section Joseph First Name Mary	n Expenses n/a Dates (month, d) n of the payme e on 11/09/16 on 3.1 (See instruct President Posit Spouse	lay, year) ent and its agency purp 8. ctions) Office	Total Expenses Total Expenses Dose and use.
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3.1 (b) Payment(s) not read 3.2. Payment Description To attend the Fresno S 3.3. Identify the officials we Castro Last Name Castro Last Name Castro Last Name	Meal Expenses Intended to travel: In Provide a specific description State vs. Boise football game who used the payment in Section Joseph First Name Mary First Name	n Expenses n/a Dates (month, d n of the payme e on 11/09/16 on 3.1 (See instruct President Posit Spouse Posit compliance with	ay, year) ent and its agency purp 8. ctions) Office tion/Title	Total Expenses Total Expenses Dose and use. Total Expenses Dose and use. Department/Division
3.1 (b) Payment(s) not read 3.2. Payment Description To attend the Fresno S 3.3. Identify the officials we Castro Last Name Castro Last Name Castro Castro Last Name	Meal Expenses Intension Transportation Intension Intensi	n Expenses n/a Dates (month, d n of the payme e on 11/09/16 on 3.1 (See instruct President Posit Spouse Posit compliance with	ay, year) ent and its agency purp 8. ctions) Office tion/Title th FPPC regulations.	Total Expenses Total Expenses Dose and use. Total Expenses Dose and use. Total Expenses Dose and use.
3.1 (b) Payment(s) not read 3.2. Payment Description To attend the Fresno S 3.3. Identify the officials we Castro Last Name Castro Last Name Castro Castro Last Name	Meal Expenses Intension Transportation Intension Intensi	n Expenses n/a Dates (month, d n of the payme e on 11/09/16 on 3.1 (See instruct President Posit Spouse Posit compliance with	ay, year) ent and its agency purp 8. ctions) Office tion/Title th FPPC regulations. President for Administra	Total Expenses Total Expenses Dose and use. Total Expenses Total Expenses Total Expenses Total Expenses Total Expenses



Payment to Agency R	eport A Public	Document	•	PAYMENT TO AGENCY REPOR	
1. Agency Name	•		Date Stamp	California O O	
California State University, Fresno			Jaio 5(a.i.,p	Form 801	
Division, Department, or Re			i	For Official Use Only	
Human Resources					
Street Address			1		
5241 N. Maple Avenue; Fro	esno. CA 93740-8020				
Area Code/Phone Number	Email				
(559-278-2032	kirstenc@csufresno.edu		Amendment (expla	in in comment section)	
Agency Contact (name and title)			Date of Original Filing	:	
Kirsten Corey, Conflict of Ir				(month, day, year)	
2. Donor Name and Addre					
Zinkin C-					
☐ Individual Zinkin, Sr.	DeWayne First Name	_ ☐ Other		Name	
5 River Park Place West #			CA	93720	
Address	City		State	Zip Code	
				_,	
If "Other" is marked, describe the entity	's business activity (if business) or its nature and	interests			
	, and a second control of the second control	mores.			
———— If applicable, i	identify the name of each source and t	the amount(s) re	eceived by the donor fo	r this payment:	
	\$			\$	
Name	Amount	-	Name	Amount	
3. Payment Information (C	Complete Sections 3.1 (a or b)), 3.2, 3.3)			
3.1 (a) Travel Payment	San Diego, CA		11/20	/18	
. ,	Location of Travel		•	Dates (month, day, year)	
		Bus □ Auto	O □ Other n/a		
Transportation Provider	Check Applicable			Name of Lodging Facility	
•	866.40			_e 866.40	
Lodging Expenses	Meal Expenses Transportation I	Expenses Φ.	Other Expenses	Total Expenses	
3.1 (b) Payment(s) not re	lated to travel:	n/a	\$		
		Dates (month, o	lay, year)	Total Expenses	
3.2. Payment Description	. Provide a specific description	of the payme	ent and its agency r	ourpose and use.	
To attend the Ereche	State vs. Stanford wrestling o	n HSS Mids	vov on 11/20/19	ot San Diago CA	
To attend the Fresho S	state vs. Starilord wrestling o	on USS Mila	way 011 11/20/10 a	at San Diego, CA.	
3.3. Identify the officials v	who used the payment in Section	n 3.1 (See instru	ctions)		
Castro	Joseph Presid		Of	Office of the President	
Last Name	First Name	Posi	tion/Title	Department/Division	
Castro	Mon				
	Mary	,		B (1/B; : :	
Last Name	First Name		ition/Title	Department/Division	
. Verification					
I authorized the acceptance	of the reported payment(s) as in o	compliance wi	th FPPC regulations.		
transportant.	Deborah Adishian-Astone		President for Adminis		
Signature	Print Name		Title	(month, day, year)	
o gradui o	· m. rano			(Monani aay, your)	
Comment:					
Comment: (Use this space or an attachment f	or any additional information)			FPPC Form 801 (Jan/	
				advice@fppc.ca.g	

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