

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/Albuquerque, NM/Fresno, CA

9/6/14 \$ 500.00 \$ 0 \$ 0 \$ 0 \$ 500.00

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. New Mexico FB game 9/26/14

Identify the officials for whom the payment was used:

<u>Ladwig</u> Last Name	<u>Paul</u> First Name	<u>Sr. Associate AD/Ex Ops</u> Title	<u>Athletics</u> Department/Division
<u>Winsor/Fleck</u> Last Name	<u>Scott/Jeanne</u> First Name	<u>Head T&F/Head S&D Co</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.

[Signature] Cynthia Watson _____ 10/06/14

Signature of Agency Head or Designee Print Name Title (month, day, year)

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