

COPY

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
California State University, Fresno			
Division, Department, or Region (if applicable) Athletics			
Street Address 5241 n. Maple Ave., Fresno, CA 93740-8020		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 559-278-2032	E-mail rmurphy@csufresno.edu		
Agency Contact (name and title) Bob Murphy, Conflict of Interest Filing Officer			

2. Donor Name and Address

Individual _____ Other Meyers Farms Family Trust

Last Name: _____ First Name: _____ Name: _____
 P.O. Box 457 Address: _____ City: Firebaugh State: CA Zip Code: 93622

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/Boise, ID/Boise, ID/Fresno, CA

<u>10/05/13</u>	\$ <u>3,237</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>3,237</u>
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:

Round trip Fresno State vs. Idaho @ 2pm PT in Moscow, ID - Football. Airfare donated by Meyers-see attached "Gift to Agency-Travel Request"

Identify the officials for whom the payment was used:

<u>Boeh</u>	<u>Thomas</u>	<u>Director of Athletics</u>	<u>Athletics</u>
Last Name	First Name	Title	Department/Division
<u>Matson</u>	<u>Cynthia</u>	<u>VP for Administration and CFO</u>	<u>Administrative Service</u>
Last Name	First Name	Title	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.

Joseph F. Castro President 10/17/13
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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1. Agency Name

California State University, Fresno
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

Agency Contact (name and title)
Bob Murphy, Conflict of Interest Filing Officer

Date Stamp

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Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual Dant Morris
10667 N. Shinnecock Fresno CA 93730

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/San Jose, CA/Fresno, CA

Nov. 29, 2013 \$ 400.00 \$ - \$ - \$ - \$ 400.00
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:

Identify the officials for whom the payment was used:

Castro Joseph President Office of the President
Last Name First Name Title 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 of Agency Head or Designee Cynthia Matsun VPA 12/3/13
Print Name Title (month, day, year)

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