

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

California State University, Fresno

Division, Department, or Region (if applicable)

Human Resources

Street Address

5241 N. Maple Avenue; Fresno, CA 93740-8020

Area Code/Phone Number

(559-278-2032

Email

kirstenc@csufresno.edu

Agency Contact (name and title)

Kirsten Corey, Conflict of Interest Filing Officer

Date Stamp

California Form 801

For Official Use Only

Amendment (explain in comment section)

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

2. Donor Name and Address

Individual Meyers Marvin Other
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) received by the donor for this payment:

Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Reno, NV

Location of Travel

10/06/18

Dates (month, day, year)

Transportation Provider Rail Air Bus Auto Other n/a
Check Applicable Boxes Name of Lodging Facility

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:

n/a Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

To attend the Fresno State vs. Nevada football game on 10/06/18.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Tumey Terry Director of Athletics Department of Athletics
Last Name First Name Position/Title Department/Division
Walton, Davey White, Jaime Dir of Devt. & WBB Coach Department of Athletics
Last Name First Name Position/Title Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature Deborah Adishian-Astone Vice President for Administration 10/12/18
Print Name Title (month, day, year)

Comment:

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



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California State University, Fresno			
Division, Department, or Region (if applicable) Human Resources			
Street Address 5241 N. Maple Avenue; Fresno, CA 93740-8020			
Area Code/Phone Number (559-278-2032)	Email kirstenc@csufresno.edu	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Kirsten Corey, Conflict of Interest Filing Officer			

2. Donor Name and Address

Individual Kashian Edward Other _____

Last Name First Name Name

265 E River Park Circle Fresno CA 93720

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) received by the donor for this payment:

_____ \$ _____ _____ \$ _____

Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Santa Clara, CA 11/01/18

Location of Travel Dates (month, day, year)

_____ Rail Air Bus Auto Other n/a

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ 239.00 \$ 115.00 \$ 354.00

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: n/a \$ _____

Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

To attend the Raiders vs. 49ers football game on 11/01/18, donor relations and stewardship.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

<u>Adishian-Astone</u>	<u>Deborah</u>	<u>VP for Administration</u>	<u>Administrative Services</u>
Last Name	First Name	Position/Title	Department/Division

_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

 Deborah Adishian-Astone Vice President for Administrator 11/09/18

Signature Print Name Title (month, day, year)

Comment:

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Division, Department, or Region (if applicable) Human Resources			
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Area Code/Phone Number (559-278-2032)	Email kirstenc@csufresno.edu	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Kirsten Corey, Conflict of Interest Filing Officer			

2. Donor Name and Address

Individual Meyers Marvin Other _____
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) received by the donor for this payment:

_____ \$ _____ Name _____ \$ _____ Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Boise, ID 11/09/18
Location of Travel Dates (month, day, year)

_____ Rail Air Bus Auto Other n/a
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ 1,382.20 \$ _____ \$ 1,382.20
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: n/a \$ _____
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

To attend the Fresno State vs. Boise football game on 11/09/18.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

<u>Castro</u> <small>Last Name</small>	<u>Joseph</u> <small>First Name</small>	<u>President</u> <small>Position/Title</small>	<u>Office of the President</u> <small>Department/Division</small>
<u>Castro</u> <small>Last Name</small>	<u>Mary</u> <small>First Name</small>	<u>Spouse</u> <small>Position/Title</small>	<u></u> <small>Department/Division</small>

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

 Deborah Adishian-Astone Vice President for Administrator 11/16/18
Signature Print Name Title (month, day, year)

Comment:

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1. Agency Name California State University, Fresno		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Human Resources			
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Area Code/Phone Number (559-278-2032)	Email kirstenc@csufresno.edu	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Kirsten Corey, Conflict of Interest Filing Officer		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual Zinkin, Sr. DeWayne Other _____
Last Name First Name Name

5 River Park Place West #203 Fresno CA 93720
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) received by the donor for this payment:

_____	\$ _____	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

3. Payment Information (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)

_____ Rail Air Bus Auto Other n/a
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ 866.40 \$ _____ \$ 866.40
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: n/a \$ _____
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
To attend the Fresno State vs. Stanford wrestling on USS Midway on 11/20/18 at San Diego, CA.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

<u>Castro</u>	<u>Joseph</u>	<u>President</u>	<u>Office of the President</u>
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>
<u>Castro</u>	<u>Mary</u>	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Deborah Adishian-Astone Vice President for Administration 11/30/18
Signature Print Name Title (month, day, year)

Comment:

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

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