

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

California State University Bakersfield Foundation
Division, Department, or Region (if applicable)
Mail Stop: 19AW, 9001 Stockdale Highway
Street Address
Bakersfield, CA 93311-1022
Area Code/Phone Number
661-654-2137
E-mail
bbyl@csub.edu
Agency Contact (name and title)
Beverly Byl, VP for University Advancement, Exec.Dir. CSUB Foundation

Date Stamp

California Form 801

For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: 06/03/10 (month, day, year)

2. Donor Name and Address

Individual Other Clifford & Brown
1430 Truxtun Avenue, Suite 900 Bakersfield CA 93301-5230
Address City State Zip Code

Attorney

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) 05/24/10 \$1,572.00
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Round trip Bakersfield to Sacramento, CA

5/24/10 \$1,572.00 \$ \$ \$ \$1,572.00
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:

Above firm provided the use of their company plane to visit with area legislators in Sacramento. Purpose: to advocate for funds for CSU and CSUB higher education. Trip included: Dr. H. Mitchell, Pres.; Mike Neal, VP Business and Admin. Services; Beverly Byl, VP Univ. Advancement; and Geoff King and Greg Bynum community business men.

Identify the officials for whom the payment was used:

Last Name First Name Title Department/Division
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 Dr. Horace Mitchell President 06/02/10
Print Name Title (month, day, year)

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