

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California Form 801</b> For Official Use Only
County of Santa Clara			
Division, Department, or Region (if applicable) Office of the County Counsel			
Street Address 70 W. Hedding Street, 9th Floor, East Wing, San Jose, CA 95110			
Area Code/Phone Number 408-299-5900	E-mail miguel.marquez@cco.sccgov.org	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Miguel Marquez, Acting County Counsel		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual \_\_\_\_\_  Other Phil Neal Walker Law Corporation

\_\_\_\_\_ Last Name First Name \_\_\_\_\_ Name

250 King Street, Suite 414 San Francisco CA 94107

Address City State Zip Code

workers' compensation practice

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 \_\_\_\_\_ \$ \_\_\_\_\_

3. Payment Information

Date and Amount of Payment (other than travel) 03/11/2010 \$ 990.00

(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel n/a

n/a \$ n/a \$ n/a \$ n/a \$ n/a \$ n/a

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:

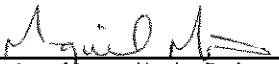
Two admissions to attend the Making Workers Comp Work Conference on March 11-12, 2010 in San Francisco, California (each pass: \$495.00)

Identify the officials for whom the payment was used:

<u>Abate</u> Last Name	<u>Catherine</u> First Name	<u>Deputy County Counsel</u> Title	<u>Office of County Counsel</u> Department/Division
<u>Oppenheimer</u> Last Name	<u>William</u> First Name	<u>Deputy County Counsel</u> Title	<u>Office of County Counsel</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 of Agency Head or Designee	<u>Miguel Marquez</u> Print Name	<u>Acting County Counsel</u> Title	<u>3/19/10</u> (month, day, year)
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Comment: (Use this space or an attachment for any additional information.)