

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 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) Date of Original Filing: <u>10/28/09</u> <small>(month, day, year)</small>	
Agency Contact (name and title) Miguel Marquez, Acting County Counsel			

2. Donor Name and Address

Individual _____ Other The Computer Forensics Show

Last Name: _____ First Name: _____ Name: _____
 94 Field Point Circle Greenwich CT 06830
 Address City State Zip Code

Trade show for legal, risk management and IT professionals concerning computer forensics issues.
 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) 10/5/09 \$ 990.00
(month, day, year) (Round to whole dollars)

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

<u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</u>	\$ <u>n/a</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:

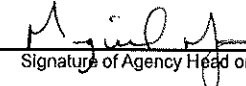
Two passes to attend seminars of The Computer Forensics Trade Show on October 5-6, 2009 in Santa Clara, California (each pass: \$495.00)

Identify the officials for whom the payment was used:

<u>Harris</u> Last Name	<u>Aryn</u> First Name	<u>Deputy County Counsel</u> Title	<u>County Counsel</u> Department/Division
<u>Nguyen</u> Last Name	<u>Tung</u> First Name	<u>Information Systems Mgr</u> Title	<u>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>10/28/09</u> <small>(month, day, year)</small>
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Comment: (Use this space or an attachment for any additional information.)