

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 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	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
408-299-5900	miguel.marquez@cco.sccgov.org		
Agency Contact (name and title)			
Miguel Marquez, Acting County Counsel			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 12 / 17 / 09 Description of Event: Monterey Bay Aquarium
10 / 31 / 10 Face Value of Ticket: \$ 30.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Monterey Bay Aquarium

Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Morgan, Elizabeth	4	Attracting or rewarding volunteer service; promotion of agency-run, sponsored or supported community program

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: _____

Name of Individual or Organization: _____ Number of Tickets: _____

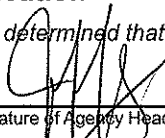
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

	Jeff Smith	County Executive	12/17/09
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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