Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name

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
408-299-5900	miguel.marquez@cco.sccgov.org

Agency Contact *(name and title)*

Miguel Marquez, Acting County Counsel

Date Stamp

California Form 802

For Official Use Only

☐ **Amendment** *(Must explain in Part 5.)*

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 12 / 17 / 09 Description of Event: San Francisco Zoo Annual Zoological Society Mbrship

n / a / _____ Face Value of Ticket: $ 95.00

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

Name of Outside Source of Ticket(s) Provided to Agency: San Francisco Zoo

Number of Tickets Received: 1 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
Saffold, Valencia	1	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.

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

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

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