Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1.	Agency Name County of San Mateo			Date Stamp	California 802
					Form For Official Use Only
	Division, Department, or Region (If Applicable)				, or omoral coo only
	County Manager's Office / Clerk of the Board				
	Designated Agency Contact (Name, Title)				
	John L. Maltbie			Amendment (Must provide explanation in Part 3.)	
	Area Code/Phone Number E-mail		Date of Original Filings		
	(650) 363-4121 jmaltbie@sn	ncgov.org		Date of Original Filing:(Month, Day, Year)	
2.	Function or Event Information				150.00
				f Each Ticket/Pass \$ _	
	Event Description Bay Area CIO Awards 2 Provide Title/Expl	, 18 , 15	<u>06 , 18 , 15</u>		
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:			Name of Source	
	/as ticket distribution made at the behest No ☑ Yes ☐ If yes: of agency official?			Official's Name (Last, First)	
3.	. Recipients				
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.				
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public pass(es)			olic purpose made pursuant to the agency's policy	
	County of San Mateo Department of Information Services	2	The Silicon Valley Business Journal will honor the best Bay Area Chief Information Officers at the annual CIO Awards Event.		
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ving:
		Pass(es)	Ceremonial Role	⊠ Other □	Income 🔲
	Thakkar, Sean Assistant Director of Information Services Department of Information Services		If checking "Ceremonial Role" or "Other" describe below: To promote the Bay Area CIO Awards.		
	Mejia, Jose Special Projects Coordinator 1 Department of Information Services		Ceremonial Role Other Income Income Income To promote the Bay Area CIO Awards.		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	he public purpose made pursuant to the agency's policy	
1.	Verification I have feed and understand FPPC Regulations 18944.1 and	118942 have v	erified that the distribution set 6	orth above is in accordance w	ith the requirements
	Just	John L. Maltbie		County Manager	06/17/15
	Signature of Agency Head or Designee Comment:	Print Nan	ne	. Title	(Month, Day, Year)