California 802

If Amendment - Date of Original Filing (Month, Day, Year)

A Public Document

1. Agency Name	Santa Clara Valley Transportation Authority (VTA)										
Division, Dept. or Region (If Applicable)	Office of the Board Secretary	Area Code/Phone Number	408.321.5680								
Designated Agency Contact (Name, Title)	Elaine Baltao, BoardSecretary	Email	board.secretary@vta.org								
I have read and understand I	PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in	accordance with the	e requirements.								

Signature of Agency Head or Designee	Claine Battao	Print Name	Elaine Baltao
Title	Hoard Secretary	Month, Day, Year	9/10/2024

2. Function or Event Information											
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)				
Yes	\$200.00	LaRaza 3rd Annual Awards/Dinner	9/7/2024	Yes		Yes	Beverly Greene				

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.)

				B.		C.			
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
VTA, Board of Directors	1	VTA representative	Sergio Lopez	1	Other	Other	0	0	
VTA, Board of Directors	1	VTA representative	Sudhanshu Jain	1	Other	Other	0	0	
VTA, Board of Directors	1	VTA representative	Carmen Montano	1	Other	Other	0	0	

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Designated Agency Contact (Name, Title) Elaine Baltao, BoardSecretary Email board.secretary@vta.org I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements. Signature of Agency Head or Designee Board Secretary Month, Day, Year 2. Function or Event Information Does the agency (YN) Face Value of each TicketPass (Provider Title/Explanation) (Provider Title/Explanation) (Provider Title/Explanation) Event Date(s) Face Value of each TicketPass (Provider Title/Explanation) (Provider Title/Explanation) Event Date(s) Face Value of each TicketPass (YN) Awards/Dinner 9/7/2024 Yes Face Value of Source Yes Beverly Greene						A Pu	ıblic Docur	ment					
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Name ratie Elaine Baltao, BoardSecretary Email Doard.secretary@vta.org	Division, Dept. o	r Region	Office of the	e Board :	Secretary								
Print Name Elaine Baltao	Designated Ager (Name, Title)	ncy Contact	Elaine Balta	ao, Board	dSecretary				Email	board.secretary@vta.org			
Board Secretary Month, Day, Year 2. Function or Event Information Does the agency have ticket policy fricket/Pass (2/10) Provide Title(Explanation) Ticket(s)/Pass(es) provided by Agency? (YN) if no, list Name of Source agency official? (YN) agency official? (YN) if no, list Name of Source agency official? (YN) if no, list Na	I have read an	d understand FP	PC Regulations	s 18944.1	and 18942. I hav	e verified that the	e distributio	n set forth, is in (accordance with th	e requirements.			
2. Function or Event Information Does the agency have ticket policy (Y/N) Face Value of each (Provided Title/Explanation) Event Date(s) Ticket(s)/Pass(es) provided by Agency? (Y/N) If no, list Name of Source Awards/Dinner 9/7/2024 Yes Provided Title/Explanation Yes Beverly Greene 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. B. C. Number of Ticket(s)/Pass(es) Ticket(s)/Pass(es) If no, list Name of Source Awards/Dinner If yes, list Name of Official (Last, First) (Last, First) (Last, First) (Last, First) Yes Beverly Greene C. Number of Ticket(s)/ Describe the public purpose made Name of Individual Name of Individual Name of Individual Ticket(s)/ (Ceremonial Role, "Ceremonial Role" or (Include address and Number of made pursuant to the agency's made pursuant to the agency's made pursuant to the agency's	Signature of Age Designee	ency Head or				Print Name	Elaine Baltao						
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Designated Agency Contact (Name, Title) Elaine Baltao, BoardSecretary Email board.secretary@vta.org I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accordance with the requirements. Signature of Agency Head or Designee Board Secretary Month, Day, Year 2. Function or Event Information Does the agency (YN) Face Value of each TicketPass (Provider Title/Explanation) (Provider Title/Explanation) (Provider Title/Explanation) Event Date(s) Face Value of each TicketPass (Provider Title/Explanation) (Provider Title/Explanation) Event Date(s) Face Value of each TicketPass (YN) Awards/Dinner 9/7/2024 Yes Face Value of Source Yes Beverly Greene						A Pu	ıblic Docur	ment					
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Division, Dept. o (If Applicable)	or Region	Office of th	e Board	Secretary			Area Code/Phone Number	408.321.5680	408.321.5680				
Designated Age Name, Title)	ncy Contact	Elaine Balta	ao, Board	dSecretary				Email	board.secretary@vta.org				
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