California Form 802

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

A Public Document

Division, Dept. or Region (If Applicable) Office of the Board Secretary Area Code/Phone Number   Designated Agency Contact (Name, Title) Elaine Baltao, BoardSecretary Email	1. Agency Name	Santa Clara Valley Transportation Authority (VTA)		
Designated Agency Contact (Name, Title) Elaine Baltao, BoardSecretary Email board.secretary@vta.org		Office of the Board Secretary		
	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	Claire Battao	Print Name Elaine Baltao
	42A94D7F99F9463	
Title	oard Secretary	Month, Day, Year 7/18/2024

2. Function o	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	\$500.00	WTS 2024 Annual Scholarships and Awards	6/20/2024	Yes		Yes	Beverly Greene					

### 3. Recipients

	Α.			В.			С.		
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	to represent VTA	Chavez	Cindy	Other	VTA Policy #300.004	-	1	n/a
VTA Ofc of the General Manager	1	to represent VTA	Gonot	Carolyn	Other	VTA Policy #300.005	-	1	n/a
VTA Planning & Programming	1	to represent VTA	Dagang	Deborah	Other	VTA Policy #300.006	-	1	n/a
VTA Government Affairs	1	to represent VTA	Greene	Beverly	Other	VTA Policy #300.007	-	1	n/a

California Form 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 used and understand f	DDC Desculations 19044.1 and 19042. I have verified that the distribution set forth is is a		,					

#### 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		Print Name	Elaine Baltao
Title	Board Secretary	Month, Day, Year	7/18/2024

2. Function o	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	\$500.00	WTS 2024 Annual Scholarships and Awards	6/20/2024	Yes		Yes	Beverly Greene					

### 3. Recipients

		В.			С.				
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

California Form 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 used and understand f	DDC Desculations 19044.1 and 19042. I have verified that the distribution set forth is is a		,					

#### 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		Print Name	Elaine Baltao
Title	Board Secretary	Month, Day, Year	7/18/2024

2. Function o	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	\$500.00	WTS 2024 Annual Scholarships and Awards	6/20/2024	Yes		Yes	Beverly Greene					

### 3. Recipients

		В.			С.				
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

California Form 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 used and understand	EDDC Desculations 19944 1 and 19942 I have verified that the distribution act forth is in a						

#### 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		Print Name	Elaine Baltao
Title	Board Secretary	Month, Day, Year	7/18/2024

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	\$500.00	WTS 2024 Annual Scholarships and Awards	6/20/2024	Yes		Yes	Beverly Greene	

### 3. Recipients

А.			B.			С.			
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