1. Agency Name

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

California Form 802

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

A Public Document

Santa Clara Valley Transportation Authority (VTA)

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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 an	d understand FPF	PC Regulations :	18944.1 a	nd 18942. I have	verified that the	distribution	set forth, is in ac	cordance with the r	equirements.		
Signature of Agency Head or Designee Title		Docusigned by: Claim Better Board Georgiany						Print Name	Elaine Baltao 12/22/2025		
								Month, Day, Year			
2. Function o	or Event Inform	ation									
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	\$211.56	Safety in Motion		10/29/2025	Yes			Yes	Beverly Greene		
3. Recipients (Use Section A to		s department or ur	nit. Use Sec	ction B to identify an	n individual. Use Sect	tion C to identi	fy an outside organi	zation.)		C.	
Name of Agency, Department or Unit		Number of Describe the public purpose mad Ticket(s)/ Pass(es) 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 mar
VTA, Board of Directors		1	Saf	ety in Motion	Moore, Robert	1	Other	VTA Policy #300.016	0	0	n/a