Title

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Board Secretary

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

California Form 802

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

7/5/2024

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 FP	PC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in ac	cordance with the r	equirements.							
Signature of Agency Head or Designee	Claine Battao	Print Name	Elaine Baltao							

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	\$250.00	MTI's 32nd Annual Awards/Convocation	6/29/2024	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.) A. B. C.

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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, Ofc of the General Mgr	1	VTA representative	Gonot, Carolyn M.	1	Other	VTA Policy #300.004	0	0	n/a
VTA, Government Affairs	1	VTA representative	Greene, Beverly	1	Other	VTA Policy #300.005	0	0	n/a
VTA, Programming & Grants	1	VTA representative	Shinn, Jane	1	Other	VTA Policy #300.006	0	0	n/a
VTA, Planning & Programming	1	VTA representative	Burger, Adam	1	Other	VTA Policy #300.007	0	0	n/a
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1. Agency Na	ame	Santa Clara	a Valley ⁻	Fransportation (n Authority (VT	۹)					
Division, Dept. o	or Region	Office of th	e Board	Secretary			Area Code/Phone Number	408.321.5680			
Designated Age (Name, Title)	ncy Contact	Elaine Balta	ao, Board	dSecretary				Email	board.secretar	y@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 Print Name Elaine Baltao											
Board Secretary								Month, Day, Year			
2. Function of	or Event Inform	ation]
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Desc (Provide Title/E		Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list I	Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)		
Yes	\$250.00	MTI's 32nd Awards/Con		6/29/2024	Yes			Yes	Beverly Greene		
3. Recipients (Use Section A to		s department or u	ınit. Use Se	ction B to identify ar	n individual. Use Sec	tion C to identif	B.	zation.)		C.	_
		Number of	Describe the	public purpose made	Name of Individual	Number of Ticket(s)/	Identify one of the following: (Ceremonial Role,	Description of "Ceremonial Role" or	Name of Outside Organization (Include address and	Number of	Describe the public purpose made

	A.				B.				C.		
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Signature of Agency Head or Designee Print Name Elaine Baltao											
Board Secretary								Month, Day, Year			
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Yes	\$250.00	MTI's 32nd Awards/Con		6/29/2024	Yes			Yes	Beverly Greene		
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Division, Dept. or (If Applicable)	r Region	Office of the Board	Secretary			Area Code/Phone Number	e r 408.321.5680		
Designated Agen (Name, Title)	ncy Contact	Elaine Baltao, Board	dSecretary		Email	board.secretary@vta.org			
I have read and	d understand FPI	PC Regulations 18944.1 a	nd 18942. I hav	e verified that the d	distribution set forth, is in a	ccordance with the r	equirements.		
Signature of Agency Head or Designee						Print Name	Print Name Elaine Baltao		
Fittle Board Secretary						Month, Day, Year			
2 Function o	r Event Inform	ation							
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Yes	\$250.00	MTI's 32nd Annual Awards/Convocation	6/29/2024	Yes		Yes	Beverly Greene		
3. Recipients (Use Section A to		s department or unit. Use Sec	ction B to identify a	n individual. Use Secti	ion C to identify an outside organ	ization.)			
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