Payment to Agency Report

1. Agency Name
ALAMEDA-CONTRA COSTA TRANSIT DISTRICT
Division, Department, or Region (if applicable)

Street Address
1600 FRANKLIN STREET, OAKLAND, CA

Area Code/Phone Number
(510) 891-5490

Agency Contact (name and title)
LINDA NEMEROFF, DISTRICT SECRETARY

Date of Original Filing:

 Amendment (explain in comment section)

2. Donor Name and Address

☐ Individual
☐ Other

Last Name
First Name
Name

500 Oracle Parkway
Redwood Shores
CA
94065

Address
City
State
Zip Code

Develops and markets database software and technology, cloud engineered systems and enterprise software products.

If "Other" is marked, describe the entity’s business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

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<th>Name</th>
<th>Amount</th>
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3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Location of Travel

Dates (month, day, year)

☐ Rail
☐ Air
☐ Bus
☐ Auto
☐ Other

Transportation Provider

Check Applicable Boxes

$ Lodging Expenses

$ Transportation Expenses

$ Other Expenses

$ Total Expenses

3.1 (b) Payment(s) not related to travel:

Oct 1-5, 2017

$ 1,225.00

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Complimentary pass to conference.

3.3. Identify the officials who used the payment in Section 3.1

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<tbody>
<tr>
<td>Baig</td>
<td>Ahsan</td>
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| Chief Information Officer

Position/Title

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Information Services

Department/Division

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4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature
Michael A. Hursh
General Manager

Print Name
Title

(Use this space or an attachment for any additional information)

FPPC Form 801 (Jan/14)
advice@fppc.ca.gov