

Payment to Agency Report

A Public Document

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

Email

Agency Contact (name and title)

LINDA NEMEROFF, DISTRICT SECRETARY

FILED
Date Stamp
Linda A. Nemeroff, District Secretary
OCT 4 2017
Deputy

California Form 801
For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: _____
(month, day, year)

2. Donor Name and Address

Individual _____ Other ORACLE
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:

_____ \$ _____ Name _____ \$ _____ Amount

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 Name of Lodging Facility

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: Oct 1-5, 2017 \$ 1,225.00
Dates (month, day, year) Total Expenses

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 (See instructions)

Baig Ahsan Chief Information Officer Information Services
Last Name First Name Position/Title Department/Division

Last Name First Name Position/Title Department/Division

4. Verification

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

[Signature] Michael A. Hursh General Manager 10/04/17
Signature Print Name Title (month, day, year)

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

