SEMIANNUAL REPORT OF PAYMENTS ACCEPTED FROM A NON-FEDERAL SOURCE

Form Approval.: **0416-GSA-SA**

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This report implements 31 U.S.C. 1353. It does not supersede other reports that may have to be filled when travel expenses are accepted under other authority. For definition and policies, see 41 CFR part 304-1.

REPORTING DEPARTMENT OR AGENCY: DOJ - ATF

REPORTING PERIOD: OCTOBER 1 - MARCH 31 *(Year)* x | APRIL 1 - SEPTEMBER 10 *(Year)* | NEGATIVE REPORT

	TRAVELER (Name/Title)	EVENT DESCRIPTION/SPONSOR/ DATES	LOCATION AND TRAVEL DATES	BENEFITS ACCEPTED SOURCE	DESCRIPTION	CHECK	IN-KIND	AMOUNT
EXAMPLES	John Smith Secretary	Conference on Asia-Pacific Relations sponsored by Asia-Pacific Forum.	San Francisco, CA 8/11-13/93	Asia-Pacific Forum Pacific Rim Assoc.	Hotel Air Transportation Meals	X	X X	$280 825 120
EXAMPLES	Joyce Smith Spouse of Secretary	Conference on Asia-Pacific Relations sponsored by Asia-Pacific Forum.	San Francisco, CA 8/11-13/93	Asia-Pacific Forum Pacific Rim Assoc.	Air Transportation Meals	X	X	$825 120
	NAME: Jeremy Scheetz TITLE:	DESCRIPTION: Arizona Gang Investigators Association (AZGIA) Conference SPONSOR: AZGIA DATES:	LOCATION: Tempe Arizona DATES: 10/6/21-10/8/21	AZGIA	Hotel		X	302.00
					Airfare		X	477.80
					Meals		X	140.00
	NAME: Jeremy Scheetz TITLE:	DESCRIPTION: Virginia Gang Investigators Association (VGIA) Conference SPONSOR: VGIA DATES:	LOCATION: Virginia Beach, VA DATES: 10/13/21-10/14/21	VGIA	Hotel		X	106.00
					Mileage	X		235.20
					Meals		X	91.25
	NAME: Shawn Donnelly TITLE:	DESCRIPTION: Mid Atlantic Great Lakes Organized Crime Law Enforcement Network Conference SPONSOR: MAGLOCLEN DATES:	LOCATION: Ocean City, MD DATES: 10/5/21	MAGLOCLEN	Hotel		X	106.00
					Mileage	X		179.00
					Meals		X	99.00
	NAME: Jason Casel TITLE:	DESCRIPTION: Snohomish Regional Drug Task Force SPONSOR: Snohomish Regional Drug Task F DATES:	LOCATION: Camp Rilea Armed Forces Training Center in Warrenton DATES: 1/11/22-1/13/22	Snohomish Regional Drug Task Force	Hotel		X	80.00

AUTHORIZED FOR LOCAL REPRODUCTION

STANDARD FORM 326 (2-98)
Prescribed by GSA/OGE (41 CFR 301-1)

TRAVELER (Name/Title)	EVENT DESCRIPTION/SPONSOR/DATES	LOCATION AND TRAVEL DATES	BENEFITS ACCEPTED SOURCE	DESCRIPTION	CHECK	IN-KIND	AMOUNT
NAME Sherie Thomas	DESCRIPTION ANSI National Accreditation Board (ANAB) assessment	LOCATION Albany, NY	ANSI National Accreditation Board (ANAB)	Hotel		X	600.00
				Airfare		X	300.00
TITLE	SPONSOR ANSI National Accreditation Boar	DATES		Meals		X	310.50
	DATES:	1/23/22-1/26/22		Taxi/parking	X		178.00
NAME	DESCRIPTION	LOCATION					
TITLE	SPONSOR	DATES					
	DATES:						
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