

SEMIANNUAL REPORT OF PAYMENTS ACCEPTED FROM A NON-FEDERAL SOURCE

REPORTING PERIOD

PAGE 1 OF 1 PAGES

Reporting Department or Agency: Department of Transportation, Federal Aviation Administration

April 1, 2020 – September 30, 2020

X Negative Report

TRAVELER (NAME/TITLE)	EVENT	LOCATION AND	BENEFITS ACCEPTED				
	DESCRIPTION/SPONSOR/DATES	TRAVEL DATES	SOURCE	DESCRIPTION	CHECK	IN-KIND	AMOUNT
NAME:	DESCRIPTION:	LOCATION:					
TITLE:	SPONSOR: _____	TRAVEL DATES:					
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SEMIANNUAL REPORT OF PAYMENTS ACCEPTED FROM A NON-FEDERAL SOURCE

REPORTING PERIOD

PAGE 1 OF 1 PAGES

Reporting Department or Agency: Department of Transportation, Federal Highway Administration

April 1, 2020 – September 30, 2020

X Negative Report

TRAVELER (NAME/TITLE)	EVENT	LOCATION AND	BENEFITS ACCEPTED				
	DESCRIPTION/SPONSOR/DATES	TRAVEL DATES	SOURCE	DESCRIPTION	CHECK	IN-KIND	AMOUNT
NAME:	DESCRIPTION:	LOCATION:					
TITLE:	SPONSOR: _____	TRAVEL DATES:					
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SEMIANNUAL REPORT OF PAYMENTS ACCEPTED FROM A NON-FEDERAL SOURCE

REPORTING PERIOD

PAGE 1 OF 1 PAGES

Reporting Department or Agency: Department of Transportation, Federal Motor Carrier Safety Administration

April 1, 2020 – September 30, 2020

X Negative Report

TRAVELER (NAME/TITLE)	EVENT	LOCATION AND	BENEFITSACCEPTED				
	DESCRIPTION/SPONSOR/DATES	TRAVEL DATES	SOURCE	DESCRIPTION	CHECK	IN-KIND	AMOUNT
NAME:	DESCRIPTION:	LOCATION:					
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SEMIANNUAL REPORT OF PAYMENTS ACCEPTED FROM A NON-FEDERAL SOURCE

REPORTING PERIOD

PAGE 1 OF 1 PAGES

Reporting Department or Agency: Department of Transportation, Federal Railroad Administration

April 1, 2020 – September 30, 2020

X Negative Report

TRAVELER (NAME/TITLE)	EVENT	LOCATION AND	BENEFITS ACCEPTED				
	DESCRIPTION/SPONSOR/DATES	TRAVEL DATES	SOURCE	DESCRIPTION	CHECK	IN-KIND	AMOUNT
NAME:	DESCRIPTION:	LOCATION:					
TITLE:	SPONSOR: _____	TRAVEL DATES:					
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SEMIANNUAL REPORT OF PAYMENTS ACCEPTED FROM A NON-FEDERAL SOURCE

REPORTING PERIOD

PAGE 1 OF 1 PAGES

Reporting Department or Agency: Department of Transportation, Federal Transit Administration

April 1, 2020 – September 30, 2020

X Negative Report

TRAVELER (NAME/TITLE)	EVENT	LOCATION AND	BENEFITS ACCEPTED				
	DESCRIPTION/SPONSOR/DATES	TRAVEL DATES	SOURCE	DESCRIPTION	CHECK	IN-KIND	AMOUNT
NAME:	DESCRIPTION:	LOCATION:					
TITLE:	SPONSOR: _____	TRAVEL DATES:					
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SEMIANNUAL REPORT OF PAYMENTS ACCEPTED FROM A NON-FEDERAL SOURCE

REPORTING PERIOD

PAGE 1 OF 1 PAGES

Reporting Department or Agency: Department of Transportation, Maritime Administration

April 1, 2020 – September 30, 2020

X Negative Report

TRAVELER (NAME/TITLE)	EVENT	LOCATION AND	BENEFITS ACCEPTED				
	DESCRIPTION/SPONSOR/DATES	TRAVEL DATES	SOURCE	DESCRIPTION	CHECK	IN-KIND	AMOUNT
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SEMIANNUAL REPORT OF PAYMENTS ACCEPTED FROM A NON-FEDERAL SOURCE

REPORTING PERIOD

PAGE 1 OF 1 PAGES

Reporting Department or Agency: Department of Transportation, National Highway Traffic Safety Administration

April 1, 2020 – September 30, 2020

X Negative Report

TRAVELER (NAME/TITLE)	EVENT	LOCATION AND	BENEFITS ACCEPTED				
	DESCRIPTION/SPONSOR/DATES	TRAVEL DATES	SOURCE	DESCRIPTION	CHECK	IN-KIND	AMOUNT
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SEMIANNUAL REPORT OF PAYMENTS ACCEPTED FROM A NON-FEDERAL SOURCE

REPORTING PERIOD

PAGE 1 OF 1 PAGES

Reporting Department or Agency: Department of Transportation, Office of Inspector General

April 1, 2020 – September 30, 2020

X Negative Report

TRAVELER (NAME/TITLE)	EVENT	LOCATION AND	BENEFITS ACCEPTED				
	DESCRIPTION/SPONSOR/DATES	TRAVEL DATES	SOURCE	DESCRIPTION	CHECK	IN-KIND	AMOUNT
NAME:	DESCRIPTION:	LOCATION:					
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SEMIANNUAL REPORT OF PAYMENTS ACCEPTED FROM A NON-FEDERAL SOURCE

REPORTING PERIOD

PAGE 1 OF 1 PAGES

Reporting Department or Agency: Department of Transportation, Office of the Secretary

April 1, 2020 – September 30, 2020

X Negative Report

TRAVELER (NAME/TITLE)	EVENT	LOCATION AND	BENEFITS ACCEPTED				
	DESCRIPTION/SPONSOR/DATES	TRAVEL DATES	SOURCE	DESCRIPTION	CHECK	IN-KIND	AMOUNT
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SEMIANNUAL REPORT OF PAYMENTS ACCEPTED FROM A NON-FEDERAL SOURCE	REPORTING PERIOD	PAGE 1 OF 1 PAGES
Reporting Department or Agency: Department of Transportation, Pipeline and Hazardous Materials Safety Administration	April 1, 2020 – September 30, 2020	X Negative Report

TRAVELER <i>(NAME/TITLE)</i>	EVENT	LOCATION AND TRAVEL DATES	BENEFITSACCEPTED				
	DESCRIPTION/SPONSOR/DATES		SOURCE	DESCRIPTION	CHECK	IN-KIND	AMOUNT
NAME:	DESCRIPTION:	LOCATION:					
TITLE:	SPONSOR: _____	TRAVEL DATES:					
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SEMIANNUAL REPORT OF PAYMENTS ACCEPTED FROM A NON-FEDERAL SOURCE		REPORTING PERIOD	PAGE 1 OF 1 PAGES	
Reporting Department or Agency: Department of Transportation, Saint Lawrence Seaway Development Corporation		April 1, 2020 – September 30, 2020	X	Negative Report

TRAVELER (NAME/TITLE)	EVENT	LOCATION AND	BENEFITSACCEPTED				
	DESCRIPTION/SPONSOR/DATES	TRAVEL DATES	SOURCE	DESCRIPTION	CHECK	IN-KIND	AMOUNT
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