

JUN 03 2009

Gift to Agency Report

A Public Document

DISTRICT SECRETARY'S OFFICE  
Date Stamp

GIFT TO AGENCY REPORT

California Form 801

For Official Use Only

1. Agency Name

AC Transit

Division, Department, or Region (if applicable)

Alternative Fuels Policy

Street Address

1600 Franklin Street, Oakland, CA 94612

Area Code/Phone Number

510-891-7244

E-mail

jlevin@actransit.org

Agency Contact (name and title)

Jaimie Levin, Director of Alternative Fuels Policy

Amendment (explain in comment section)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

World XTL Summit - CWC Group Limited

Name

Regent House, 16-18 Lombard Road

London, England, UK

SW11 3RF

Address

City

State

Zip Code

Sponsor of the Alternative Fuels Annual Conference on XTL, Fischer-Tropes fuel processing.

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) solicited or received by the donor for this gift:

CWC Group Limited

\$ 2,998

Name

Amount

Name

Amount

3. Payment Information

Date and Amount of Payment (other than travel)

\_\_\_\_\_

\$

\_\_\_\_\_

(month, day, year)

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel \_\_\_\_\_

May 10-13, 2009

Date(s) of Travel

\$ \_\_\_\_\_  
Transportation Expenses

\$ 872

Lodging Expenses

\$ \_\_\_\_\_  
Meal Expenses

\$ 2,126

Other Expenses

\$ \_\_\_\_\_  
Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

I was invited to be a guest speaker and sit on a panel to discuss AC Transit's experience working with Gas-to-Liquid fuel technology. The conference organizers paid for three nights at a hotel in London (\$872) and the conference fees (\$2,126).

Identify the officials for whom the payment was used:

Levin

Last Name

Jaimie

First Name

Director

Title

Alt. Fuels Policy

Department/Division

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Title

\_\_\_\_\_

Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.



Signature of Agency Head or Designee

Rick Fernandez

Print Name

General Manager

Title

6/3/09  
(month, day, year)

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