

Original  Amendment

LEGISLATIVE RESOURCE CENTER

U.S. House of Representatives  
Committee on Ethics

LEGISLATIVE RESOURCE CENTER

17 SEP 29 PM 2:09

EMPLOYEE POST-TRAVEL DISCLOSURE FORM

17 SEP 15 PM 12:03

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

This form is for disclosing the receipt of travel expenses from private sources for travel taken in connection with official duties. This form does not eliminate the need to report privately-funded travel on the annual Financial Disclosure Statements of those employees required to file them. In accordance with House Rule 25, clause 5, you must complete this form and file it with the Clerk of the House, 135 Cannon House Office Building, within 15 days after travel is completed. Please do not file this form with the Committee on Ethics.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

1. Name of Traveler: Sheila Jackson Lee

2. a. Name of accompanying relative: \_\_\_\_\_ or None

b. Relationship to Traveler:  Spouse  Child  Other (specify): \_\_\_\_\_

3. a. Dates of departure and return: Departure: Feb 28, 2017 Return: March 1, 2017

b. Dates at personal expense (if any): \_\_\_\_\_ or None

4. Departure city: IAH Destination: Las Vegas Return city: IAH

5. Sponsor(s) (who paid for the trip): National Association of Broadcasters

6. Describe meetings and events attended: Attended meetings related to issues concerning entertainment law

7. Attached to this form are EACH of the following (signify that each item is attached by checking the corresponding box):

- a.  a completed Sponsor Post-Travel Disclosure Form;
- b.  the Primary Trip Sponsor Form completed by the trip sponsor prior to the trip, including all attachments and Grantmaking or Non-Grantmaking Sponsor Forms;
- c.  page 2 of the completed Traveler Form submitted by the employee; and
- d.  the letter from the Committee on Ethics approving my participation on this trip.

8. a. I represent that I participated in each of the activities reflected in the attached sponsor's agenda. (Signify that statement is true by checking box):

b. If not, explain: \_\_\_\_\_

I certify that the information contained on this form is true, complete, and correct to the best of my knowledge.

SIGNATURE OF TRAVELER: Sheila Jackson Lee DATE: 9/14/17

I authorized this travel in advance. I have determined that all of the expenses listed on the attached Sponsor Post-Travel Disclosure form were necessary and that the travel was in connection with the employee's official duties and would not create the appearance that the employee is using public office for private gain.

NAME OF SUPERVISING MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF SUPERVISING MEMBER: \_\_\_\_\_

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**SPONSOR POST-TRAVEL DISCLOSURE FORM**

This form must be completed by an officer of any organization that served as the primary trip sponsor in providing travel expenses or reimbursement for travel expenses to House Members, officers, or employees under House Rule 25, clause 5. *A completed copy of the form must be provided to each House Member, officer, or employee who participated on the trip within 10 days of their return.* You must answer all questions, and check all boxes, on this form for your submission to comply with House rules and the Committee's travel regulations. Failure to comply with this requirement may result in the denial of future requests to sponsor trips and/or subject the current traveler to disciplinary action or a requirement to repay the trip expenses.

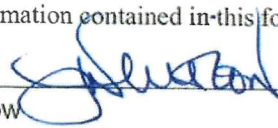
**NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.**

1. Sponsor(s) (who paid for the trip): National Association of Broadcasters
2. Travel Destination(s): NAB Show, Las Vegas, NV
3. Date of Departure: 04/22/17 Date of Return: 04/24/17
4. Name(s) of Traveler(s): Rep. Sheila Jackson Lee  
(NOTE: You may list more than one traveler on a form only if all information is identical for each person listed.)
5. **Actual amount** of expenses paid on behalf of, or reimbursed to, each individual named in response to Question 4:

	Total Transportation Expenses	Total Lodging Expenses	Total Meal Expenses	Other Expenses (dollar amount per item and description)
Traveler	\$505.40	\$202.95	\$50.00	\$155 exhibit pass; Taxi/shuttle: \$136.91
Accompanying Relative				

6. All expenses connected to the trip were for actual costs incurred and not a *per diem* or lump sum payment. (Signify statement is true by checking box):

I certify that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature:   
Name: Joy Whitlow Title: Chief Financial Officer  
Organization: National Association of Broadcasters

**I am an officer of the above-named organization (signify statement is true by checking box):**

Address: 1771 N Street NW  
Washington, DC 20036  
Telephone number: 202.429.5431  
Email Address: jwhitlow@nab.org

*Committee staff may contact the above-named individual if additional information is required.*

If you have questions regarding your completion of this form, please contact the Committee on Ethics at (202) 225-7103.