

18 DEC -3 PM 4:00

U.S. House of Representatives  
Committee on Ethics

MEMBER / OFFICER POST-TRAVEL DISCLOSURE FORM

This form is for disclosing the receipt of travel expenses from a private source for travel taken in connection with a Member or officer's official duties. This form does not eliminate the need to report privately-funded travel on the Member or officer's annual Financial Disclosure Statement. 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: Ileana Ros-Lehtinen
2. a. Name of accompanying relative: \_\_\_\_\_ or None   
b. Relationship to Traveler:  Spouse  Child  Other (specify): \_\_\_\_\_
3. a. Dates of departure and return: Departure: Oct. 15, 2018 Return: Oct. 16, 2018  
b. Dates at personal expense: \_\_\_\_\_ or None
4. Departure city: Miami Destination: Boston Return city: Miami
5. Sponsor(s) (who paid for the trip): Harvard University
6. Describe meetings and events attended (attach additional pages if necessary): Lecture  
guest at Harvard's Institute of Politics
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 Member or officer; 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 sponsor's agenda. (Signify that statement is true by checking box):   
b. If not, explain: \_\_\_\_\_

I certify that the information contained in this form is true, complete, and correct to the best of my knowledge. I have determined that all of the expenses on the attached Sponsor Post-Travel Disclosure Form were necessary and that the travel was in connection with my duties as a Member or officer of the U.S. House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE OF MEMBER: Ileana Ros-Lehtinen

DATE: December 3, 2018

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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.

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- Sponsor(s) (who paid for the trip): Institute of Politics at the Harvard Kennedy School
- Travel Destination(s): Cambridge, MA Miami, FL to Boston, MA + return
- Date of Departure: 10/15/18 Date of Return: 10/16/18
- Name(s) of Traveler(s): Ileana Ros-Lehtinen  
(NOTE: You may list more than one traveler on a form only if all information is identical for each person listed.)
- 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	362.20	<del>299.00</del> 351.93		
Accompanying Relative				

- 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: Abbie James

Name: Abbie James

Title: FELLOWS Coordinator

Organization: Institute of Politics

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

Address: 79 JFK Street

Cambridge, MA 02138

Telephone number: 617-496-4157

Email Address: abbie-james@iops.harvard.edu

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.