Member / Officer Post-Travel Disclosure Form

Original	~	Amendment
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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

thi	cofficer's annual <i>Financial Disclosure Statement</i> . In accordance with House Rule 25, clause 5, you must come for and <i>file it with the Clerk of the House, B-81 Cannon House Office Building</i> , within 15 days after a property of the House, B-81 Cannon House Office Building, within 15 days after the completed. Please <i>do not</i> file this form with the Committee on Ethics.	omplete
NC	OTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to	18 U.S.C. § 1001.
1.	Name of Traveler: Congressman John Rutherford	
2.	a. Name of Accompanying Relative: Patricia Rutherford	OR None
	b. Relationship to Traveler: 🗹 Spouse 🔲 Child 🔲 Other (specify):	
3.	a. Dates: Departure: 02/18/2019 Return: 02/24/2019	
	b. Dates at Personal Expense, if any:	OR None 🗹
4.	1 / Return Oity	onville FL
5.	Sponsor(s), Who Paid for the Trip: The German Marshall Fund of the United States and the Robert Be	osch Stiftung
6.	Describe Meetings and Events Attended (attach additional pages if necessary):see attachment with agenda	
7.	Attached to this form are each of the following, signify that each item is attached by checking the correst 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 attached the Grantmaking or Non-Grantmaking Sponsor Forms;	
	c. page 2 of the completed Traveler Form submitted by the Member or officer; and	3 6
	c. page 2 of the completed <i>Traveler Form</i> submitted by the Member or officer; and d. the letter from the Committee on Ethics approving my participation on this trip.	2010 MAD S AM
8.	a. I represent that I participated in each of the activities reflected in the attached sponsor's agenda.	D TIVE
	Signify statement is true by checking the box:	n RES
	b. If not, explain:	
		E CE
	VE	5 7
det wa: app	terrify that the information contained in this form is true, complete, and correct to the best of my known termined that all of the expenses on the attached Sponsor Post-Travel Disclosure Form were necessary and as in connection with my duties as a Member or officer of the U.S. House of Representatives and would not pearance that I am using public office for private gain.	d that the travel
	Date: 3/5/2019	

Sponsor Post-Travel Disclosure Form

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* annual of	Original	 menument

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 ten 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.

Com and/	mittee's travel regula or subject the curren	ations. Failure to comply wi t traveler to disciplinary act	th this requirement may re tion or a requirement to rep	sult in the denial of futu pay the trip expenses.	re requests to sponsor trips			
NOT	E: Willful or knowing	g misrepresentations on this	form may be subject to crin	ninal prosecution pursua				
1.	Sponsor(s) who paid for the trip: The German Marshall Fund of the United States and The Robert Bosch Stiftung							
	Commence Into D. H. C. I.							
				mation is identical for	111			
	Note: You may list more than one traveler on a form only if <i>all</i> information is <i>identical</i> for each person listed. Actual amount of expenses paid on behalf of, or reimbursed to, each individual named in Question 4:							
		Total Transportation Expenses	Total Lodging Expenses	Total Meal Expenses	Total Other Expenses (dollar amount per item and description			
	Traveler	\$10888.53	\$1047	\$597	N/A			
	Accompanying Family Member	\$10888.53	N/A	\$597	N/A			
6. <i>i</i>	6. All expenses connected to the trip were for actual costs incurred and not a <i>per diem</i> or lump sum payment. <i>Signify</i> statement is true by checking box: ✓							
I cer	tify that the inform	nation contained in this	form is true, complete, a	and correct to the best	t of my knowledge.			
Signature: Description Contained in this form is true, complete, and correct to the best of my knowledge. Date: 2/25/2019								
Name: Dr. Karen Donfried/Sandra Breka Title: President/Member of the Board of Management								
Organization: The German Marshall Fund of the United States/Robert Bosch Stiftung								
I am	an officer of the al	ove-named organization	ı. Signify statement is tru	ue by checking box: ✓				
Address: 1744 R St NW, Washington D.C. 20009/Französische Straße 32, 10117 Berlin, Germany								
Telephone: +1 202 683 2605/+49 30 220025-311 Email: kdonfried@gmfus.org/sandra.breka@bosch-stiftung.de								

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.