



Member / Officer Post-Travel Disclosure Form

Original Amendment

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, B-81 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: Donna E Shalala
2. a. Name of Accompanying Relative: _____ **OR** None
 b. Relationship to Traveler: Spouse Child Other (specify): _____
3. a. Dates: Departure: 4/5/19 Return: 4/6/19
 b. Dates at Personal Expense, if any: _____ **OR** None
4. Departure City: Washington DC Destination: Warrenton, VA Return City: Washington, DC
5. Sponsor(s), Who Paid for the Trip: Alliance for Health Policy and Commonwealth Fund
6. Describe Meetings and Events Attended (attach additional pages if necessary): The meetings and events at this conference were focused on healthcare. There was a wide range of issues related to health care issues and policy that was covered at this conference.

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** the *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 attached sponsor's agency **Signify statement is true by checking the box:**
 b. If not, explain: _____

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2019 MAY 16 AM 10:11
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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.

Member / Officer Signature: Donna E Shalala

Date: 9/15/19