U.S. House of Representatives
COMMITTEE ON ETHICS

SPONSOR POST-TRAVEL DISCLOSURE FORM

☒ *Original* ☐ *Amendment*

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.

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: U.S. Association of Former Members of Congress (FMC)
2. Travel Destination(s): Seoul, South Korea
3. Date of Departure: 07/05/2021 Date of Return: 07/11/2021
4. Name(s) of Traveler(s): Ami Bera and Janine Bera

   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 Question 4:

	Total **Transportation** Expenses	Total **Lodging** Expenses	Total **Meal** Expenses	Total **Other** Expenses (dollar amount per item and description)
Traveler	$7924.4 (airfare, shuttle, car service)	$675.50	$316.56	$971.05 (room rental, interpreter, tour guide, entrance/admission fees, COVID-19 PCR test, etc.)
Accompanying Family Member	$7924.4 (airfare, shuttle, car service)	$675.50	$250.53	$971.05 (room rental, interpreter, tour guide, entrance/admission fees, COVID-19 PCR test, etc.)

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: Sabine Schleidt Date: 07/16/2021

Name: Sabine Schleidt Title: Chief Operating Officer

Organization: U.S. Association of Former Members of Congress (FMC)

☒ *I am an officer of the above-named organization. Signify statement is true by checking box.*

Address: 1401 K St NW, Suite 901, Washington, D.C. 20005

Email: Telephone: (202) 507-4849

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.