

COMMITTEE ON ETHICS

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 by email at gifttravelreports@mail.house.gov, within 15 days after travel is completed.** Please **do not** file this form with the Committee on Ethics.

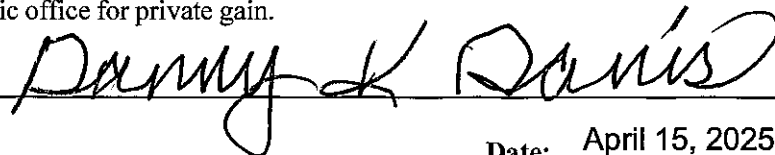
NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

1. Name of Traveler: Congressman Danny K. Davis
2. a. Name of Accompanying Relative: None **OR** None
b. Relationship to Traveler: Spouse Child Other (specify): N/A
3. a. Dates: Departure: April 4, 2025 Return: April 6, 2025
b. Dates at Personal Expense, if any: None **OR** None
4. Departure City: Chicago (ORD) Destination: Tallahassee Return City: Chicago (ORD)
5. Sponsor(s), Who Paid for the Trip: The Sickle Cell Foundation, Tallahassee, Florida, 32303
6. Describe Meetings and Events Attended (attach additional pages if necessary):
Participated in a Panel Discussion on Saturday, April 5, 2025. Sickle Cell Disease: Call to Action, From Policy to Implementation

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 *Additional Sponsor Form(s)*;
 - 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 agenda. *Signify statement is true by checking the 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.

Member / Officer Signature: _____



Date: April 15, 2025

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 in 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 or provided in-kind support for the trip: Sickle Cell Foundation, Tallahassee, Florida

2. Travel Destination(s): Tallahassee, Florida

3. Date of Departure: 04/04/2025 Date of Return: 04/06/2025

4. Name(s) of Traveler(s): Danny K. Davis

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	\$786.36	\$335	\$120	\$00
Accompanying Family Member				

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: Mildred D. Fennal Date: 04/09/2025

Name: Mildred D. Fennal Title: 04/09/2025

Organization: Sickle Cell Foundation, Tallahassee, Florida

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

Address: 1336 Vickers Road, Tallahassee, FL 32303

Telephone: 850-385-1042 Email: mdfennal@embarqmail.com

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.

last updated 7/2023

COMMITTEE ON ETHICS

TRAVELER FORM

1. Name of Traveler: Congressman Danny K. Davis
2. Sponsor(s) who will be paying or providing in-kind support for the trip: Sickle Cell Foundation,
1336 Vickers Road
3. City and State **OR** Foreign Country of Travel: Tallahassee, Florida 32303
4. a. Date of Departure: April 4, 2025 Date of Return: April 6, 2025
b. Yes No Will you be extending the trip at your personal expense?
If yes, list dates at personal expense: _____
5. a. Yes No Will you be accompanied by a family member at the sponsor's expense? **If yes:**
 - (1) Name of Accompanying Family Member: N/A
 - (2) Relationship to Traveler: Spouse Child Other (specify): None
 - (3) Yes No Accompanying Family Member is at least 18 years of age?
6. a. Yes No Did the trip sponsor answer "Yes" to Question 8(c) on the *Primary Trip Sponsor Form* (i.e., travel is sponsored by an entity that employs a registered federal lobbyist or a foreign agent)?
b. **If yes**, and you are requesting lodging for two nights, explain why the second night is warranted:

7. Yes No *Primary Trip Sponsor Form* is attached, including agenda, invitation, invitee list, and any other attachments and Additional Sponsor Forms.

NOTE: The agenda should show the traveler's individual schedule, including departure and arrival times and identify the specific events in which the traveler will be participating.

8. Explain why participation in the trip is connected to the traveler's individual official or representational duties. **Staff should include their job title and how the activities on the itinerary relate to their duties.**

The conference helps inform my legislative work focused on supporting people suffering from SCD and improving research advances to prevent and treat SCD. As a co-chair of the Congressional Sickle Cell Disease Caucus and as the Democratic House Leader on multiple bill related to SCD, the meetings and briefings at the conference will help me understand ways to strengthen my legislative efforts.

9. Yes No Is the traveler aware of any registered federal lobbyists or foreign agents involved in planning, organizing, requesting, or arranging the trip?

10. For staff travelers, to be completed by your employing Member:

ADVANCED AUTHORIZATION OF EMPLOYEE TRAVEL

I hereby authorize the individual named above, an employee of the U.S. House of Representatives who works under my direct supervision, to accept expenses for the trip described in this request. I have determined that the above-described travel is in connection with my employee's official duties and that acceptance of these expenses will not create the appearance that the employee is using public office for private gain.

Signature of Employing Member: _____ Date: _____

COMMITTEE ON ETHICS

PRIMARY TRIP SPONSOR FORM

This form should be completed by private entities offering to provide travel or reimbursement for travel to House Members, officers, or employees under House Rule 25, clause 5. A completed copy of the form (and any attachments) should be provided to each invited House Member, officer, or employee, who will then forward it to the Committee together with a *Traveler Form* at least 30 days before the start date of the trip. The trip sponsor should *NOT* submit the form directly to the Committee. The Committee's website (ethics.house.gov) provides detailed instructions for filling out the form. The Committee will notify the House invitees directly of its decision and will not notify the trip sponsors.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001. Failure to comply with the Committee's Travel Regulations may also lead to the denial of permission to sponsor future trips. Signatures must comply with section 104(bb) of the Travel Regulations.

1. Sponsor who will be paying for the trip:

Sickle Cell Foundation, Tallahassee, Florida 32303

2. I represent that the trip will not be financed, in whole or in part, by a registered federal lobbyist or foreign agent. *Signify that the statement is true by checking box.*

3. **Check only one.** I represent that:

a. The primary trip sponsor has not accepted from any other source, funds intended directly or indirectly to finance any aspect of the trip; **OR**

b. The trip is arranged without regard to congressional participation and the primary trip sponsor has accepted funds only from entities that will receive a tangible benefit in exchange for those funds; **OR**

c. The primary trip sponsor has accepted funds, services, or in-kind assistance from other source(s) intended directly or indirectly to finance all or part of this trip and has enclosed disclosure forms from each of those entities.

If "c" is checked, list the names of the additional sponsors: _____

4. Provide names and titles of **ALL** House Members *and* employees you are inviting. **For each House invitee, provide an explanation of why the individual was invited** (include additional pages if necessary): Rep. Danny K. Davis.

Rep. Davis was invited because of his tenure as the Co- Chair of the Sickle Cell Caucus.

5. Yes No Is travel being offered to an accompanying family member of the House invitee(s)?

6. Date of Departure: 04-04-2025 Date of Return: 04-06-2025

7. a. City of departure: Chicago

b. Destination(s): Tallahassee

c. City of return: Chicago

8. **Check only one.** I represent that

a. The sponsor of the trip is an institution of higher education within the meaning of section 101 of the Higher Education Act of 1965; **OR**

b. The sponsor of the trip does not retain or employ a registered federal lobbyist or foreign agent; **OR**

c. The sponsor employs or retains a registered federal lobbyist or foreign agent, but the trip is for attendance at a one-day event *and* lobbyist / foreign agent involvement in planning, organizing, requesting, or arranging the trip was *de minimis* under the Committee's travel regulations.

9. **Check only one of the following.**
- a. I checked 8(a) or (b) above; **OR**
 - b. I checked 8(c) above but am not offering any lodging; **OR**
 - c. I checked 8(c) above and am offering lodging and meals for one night; **OR**
 - d. I checked 8(c) above and am offering lodging and meals for two nights. If you checked this box, explain why the second night of lodging is warranted. _____
-
10. Attached is a detailed agenda of the activities House invitees will be participating in during the travel (i.e., an hourly description of planned activities for trip invitees). *Indicate agenda is attached by checking box.*
11. **Check only one of the following.**
- a. I represent that a registered federal lobbyist or foreign agent will not accompany House Members or employees on any segment of the trip. *Signify the statement is true by clicking the box; OR*
 - b. *Not Applicable.* Trip sponsor is a U.S. institution of higher education.
12. For *each* sponsor required to submit a sponsor form, describe the sponsor's interest in the subject matter of the trip *and* its role in organizing and/or conducting the trip:
- The Sickle Cell Foundation of Tallahassee, Florida sponsors an annual conference on Sickle Cell Disease. The interest of the sponsor includes but is not limited to improvement of delivery of care to the sickle cell population of Leon and surrounding counties. We are also interested in the work of the Sickle Cell Caucus especially on the Federal level.
-
13. **Answer parts a and b. Answer part c if necessary:**
- a. Mode of travel: Air Rail Bus Car Other (specify: _____)
 - b. Class of travel: Coach Business First Charter Other (specify: _____)
 - c. If travel will be first class, or by chartered or private aircraft, explain why such travel is warranted:

-
14. I represent that the expenditures related to local area travel during the trip will be unrelated to personal or recreational activities of the invitee(s). *Signify that the statement is true by checking box.*
15. **Check only one.** I represent that either:
- a. The trip involves an event that is arranged or organized *without regard* to congressional participation and that meals provided to congressional participants are similar to those provided to or purchased by other event attendees; **OR**
 - b. The trip involves events that are arranged specifically *with regard* to congressional participation. If "b" is checked:
 - 1) Detail the cost *per day* of meals (approximate cost may be provided): _____
 - 2) Provide the reason for selecting the location of the event or trip: _____
-
16. Name, nightly cost, and reasons for selecting each hotel or other lodging facility:
- Hotel Name: Holiday Inn City: Tallahassee Cost Per Night: \$119
- Reason(s) for Selecting: Has a working relationship with the Hotel
- Hotel Name: _____ City: _____ Cost Per Night: _____
- Reason(s) for Selecting: _____
- Hotel Name: _____ City: _____ Cost Per Night: _____
- Reason(s) for Selecting: _____

17. I represent that all expenses connected to the trip will be for actual costs incurred and not a per diem or lump sum payment. *Signify that the statement is true by checking the box.*

18. **Total Expenses for each Participant:**

<input type="checkbox"/> Actual Amounts <input checked="" type="checkbox"/> Good Faith Estimates	Total Transportation Expenses per Participant	Total Lodging Expenses per Participant	Total Meal Expenses per Participant
For each Member, Officer, or Employee	\$510	\$335	\$120
For each Accompanying Family Member	NA	NA	NA

	Other Expenses (dollar amount per item)	Identify Specific Nature of "Other" Expenses (e.g., taxi, parking, registration fee, etc.)
For each Member, Officer, or Employee	NA	NA
For each Accompanying Family Member	NA	NA

19. **Check only one:**

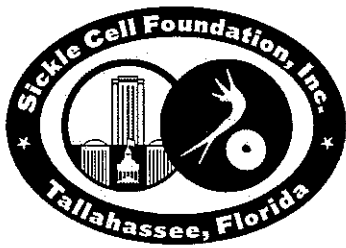
- a. I certify that I am an officer of the organization listed below; **OR**
- b. *Not Applicable.* Trip sponsor is an individual or a U.S. institution of higher education.

20. **I certify by my signature that**

- a. **I read and understand the Committee's Travel Regulations;**
- b. **I am not a registered federal lobbyist or registered foreign agent; and**
- c. **The information on this form is true, complete, and correct to the best of my knowledge.**

Signature: Mildred D. Fennal Digitally signed by Mildred D. Fennal
Date: 2025.02.12 16:21:06 -05'00' Date: 02-12-2025
 Name: Mildred D, Fennal Title: Conference Coordinator
 Organization: Sickle Cell Foundation
 Address: 1336 Vickers Road Tallahassee, Florida 32303
 Email: mdfennal@embarqmail.com Telephone: 850-385-1042

If there are questions regarding this form, please contact the Committee on Ethics at 202-225-7103 or travel.requests@mail.house.gov.



sicklecellfoundation.org
ofc (850) 222-2355
fax (850) 224-5644
toll (877) 271-9998
1336 Vickers Road
Tallahassee, Florida 32303

FROM: Mildred D. Fennal
Event (Conference/Workshop) Planner
Sickle Cell Foundation
Tallahassee, FL 32303

TO: Congressman Danny K. Davis
Date: 01/20/2025
Dear Congressman Davis

Thank you for agreeing to participate in the annual Sickle Cell Conference. The event is live and will take place on April 5, 2025. The title of your presentation is "Legislative advances in Sickle Cell Disease Policy." The time of your presentation is 2:45 PM- 3:45 PM EST. This is a planned panel discussion with other legislators, however that may change. More details will follow as the number of presenters becomes complete.

If you are flying in for the conference, please make your plane reservations. You should schedule your destination as the Tallahassee Regional Airport (TLH). We suggest that you arrive on the 4th and depart on the 6th if possible. Please Bring your ticket receipt for reimbursement purposes. Forward also the airline, the number of your flight, and your arrival and departure time. We will pick you up and take you to the airport. If I do not have your cell phone number please forward it to me. My cell phone number is 850-591-0637, contact me with questions or changes in flight status if necessary. If you are driving in from out of town please keep track of your mileage for reimbursement purposes. For local presenters please do the same. Parking will be covered for all presenters driving.

For out-of-town travelers, a room will be reserved for you at the Holiday Inn, located at 2003 Apalachee Pkwy., Tallahassee, Florida. The cost of the room will be covered by the conference.

Please forward to me a head shot and a copy of your resume/curriculum vitae for purposes of advertising in our faculty Ad Booklet and obtaining continuing education credit for the attendees. We are looking forward to hearing the information that you are going to share with us. Again, thank you so much for agreeing to help us present information on Sickle Cell Disease to the population we serve. If you have questions, please contact me via e-mail mdfennal@embarqmail.com or phone 850-591-0637.

2/21/25, 4:35 PM

: Sickle Cell Conference

WEBMAIL.CENTURYLINK.NET - MILDRED D FENNAL <MDFENNAL@EMBARQMAIL.COM>

: SICKLE CELL CONFERENCE



me

josie.ware@mail.house.gov

1/8/2025 11:23 AM

From me ✓

mdfennal@embarqmail.com

To josie.ware@mail.house.gov

Good morning again Ms. Ware,

Thank you for speaking with me this morning. We are requesting that Rep. Davis participate in our annual Sickle Cell Disease conference. For the past seven years we have been trying to educate the health care community in best practices for delivery of health care to the sickle cell population. We are at the point where we need to approach our politicians about what we have done and where we need their help to move forward. We selected Rep. Davis because he has been the co-chair of the Sickle Cell Caucus.

If Rep. Davis accepts, he will participate on a panel with other political representatives who will be addressing what has been done for the sickle cell population from a political perspective. I really want Rep. Davis to share what the Caucus has done. Also I would like for Rep. Davis to see the work we have done here trying to address the problem of access to quality care for this population.

If Rep. Davis accepts, I will send information regarding the conference, arrangements, etc. Thank you for considering this request.

Mildred D. Fennal
Mildred D. Fennal, PhD, RN, CNS
Conference Coordinator
Sickle Cell Foundation
Tallahassee, Florida

[https://webmail.centurylink.net/app/mail/print?subject=Sickle Cell Conference](https://webmail.centurylink.net/app/mail/print?subject=Sickle%20Cell%20Conference)

1/1

REGISTRATION

Name: _____
Address: _____
City: _____
State: _____ ZIP: _____
Phone: _____
Institution: _____

Registration Fee:
Physicians: \$240
Nurses: \$100
General: \$100
Social Workers: \$100
Students: \$50

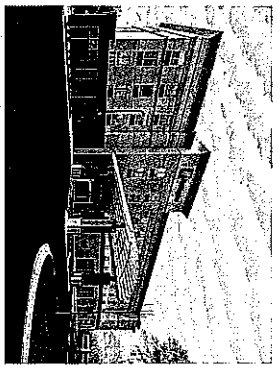
Last day for registration: March 20, 2025
Make check or money order payable to
Sickle Cell Foundation Conference.

Return to:
The Sickle Cell Foundation
1336 Vickers Road
Tallahassee, Florida, 32303

For electronic registration and payment
by debit or credit card please visit
sicklecellfoundation.org to register and
submit payment.

For Information: Call 850-222-2355

PLACE
STAMP
HERE



A group of rooms are reserved for guests of the conference at the Holiday Inn. When making reservations, mention the Sickle Cell Foundation to obtain the special conference rate of \$119 per night.



**The Sickle Cell Foundation
of Tallahassee, Florida**
Presents

**SICKLE CELL
DISEASE:**
*Call to Action,
From Policy to
Implementation*
APRIL 5, 2025

Holiday Inn
2003 Apalachee Parkway
Tallahassee, Florida 32301
850-792-8300

CME, CNE, CEU Application Submitted

Purpose: to provide the most current information on the treatment of and care of patients with Sickle Cell Disease....

CONFERENCE SCHEDULE

9:00 am - 9:05 am **Welcome and Introduction**
Alyfeda Blackshear, MD

9:05 am - 9:10 am **Greetings**
Velma Stevens, MSW, LSW

9:10 am - 9:15 am **The Occasion**
Latara Lampkin, PhD

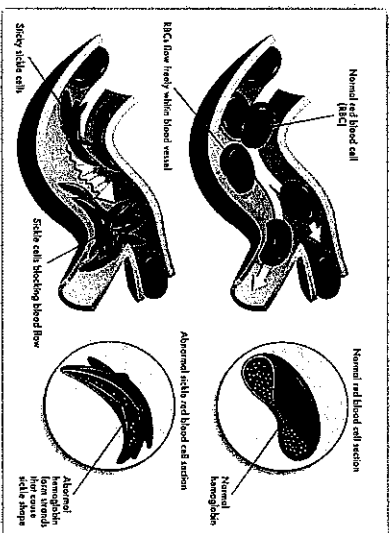
9:15 am - 9:20 am **Instructions**
Mildred D. Fernal, PhD, RN, CNS

9:20 am - 10:20 am **The Trail We Blazed and Why**
Mildred D. Fernal, PhD, RN, CNS

10:20 am - 10:30 am **BREAK**

10:30 am - 11:30 am **Best Practices for Delivery of Care to the Sickle Cell Patient**
James Taylor, MD

11:30 am - 12:30 pm **What We Need is Policy**
Mapillar Dahn, AD/ Latara Lampkin, PhD



12:30 am - 1:30 pm **LUNCH**

1:30 pm - 2:30 pm **The Role of the Sickle Cell Disease Association of America in Assisting with Policy Development for Sickle Cell Disease**
Regina Hartfield, BA

2:30 pm - 2:45 pm **BREAK**

2:45 pm - 3:45 pm **Legislative Advances in Sickle Cell Disease Policy (PANEL DISCUSSION)**
Rep. Danny K. Davis, PhD

3:45 pm - 4:45 pm **Strategic Action for Policy Development and Implementation**
Latara Lampkin, PhD

5:00 pm - 5:30 pm **Evaluations and Closing Remarks**



- COURSE OBJECTIVES**
At the end of the conference each participant will be able to :
1. Discuss the rationale for implementation of the Community Education Project.
 2. List three best practices for the approach to delivery of care to the Sickle Cell Population.
 3. Analyze the need for establishment of policy related to the care of individuals with Sickle Cell disease.
 4. State three actions taken by the legislature to improve delivery of care to the sickle cell population.
 5. Discuss actions that can be taken on the local, regional, and national level to assist in establishing best practices for delivery of care to the sickle cell population.
 6. State three activities that contribute to the development of policy for the approach to the treatment of patients with sickle cell disease.

Michael Guest, Mississippi
Chairman
Mark DeSaulnier, California
Ranking Member

John H. Rutherford, Florida
Andrew R. Garbarino, New York
Ashley Hinson, Iowa
Nathaniel Moran, Texas

Deborah K. Ross, North Carolina
Glenn F. Ivey, Maryland
Sylvia R. Garcia, Texas
Suhas Subramanyam, Virginia



ONE HUNDRED NINETEENTH CONGRESS

U.S. House of Representatives

COMMITTEE ON ETHICS

Thomas A. Rust
Staff Director and Chief Counsel

Keelie Broom
Counsel to the Chairman

David Arrojo
Counsel to the Ranking Member

1015 Longworth House Office Building
Washington, D.C. 20515-6328
Telephone: (202) 225-7103
<https://Ethics.House.gov>

April 1, 2025

The Honorable Danny Davis
U.S. House of Representatives
2159 Rayburn House Office Building
Washington, DC 20515

Dear Colleague:

Pursuant to House Rule 25, clause 5(d)(2), the Committee on Ethics hereby approves your proposed trip to Tallahassee, Florida, scheduled for April 4 to 6, 2025, sponsored by Sickie Cell Foundation.

You must complete a Member/Officer Post-Travel Disclosure Form and file it, together with a Sponsor Post-Travel Disclosure Form completed by the trip sponsor, with the Clerk of the House within 15 days after your return from travel. As part of that filing, you are also required to attach a copy of this letter and both the Traveler and Primary Trip Sponsor Forms (including attachments) you previously submitted to the Committee in seeking pre-approval for this trip. You must also report all travel expenses totaling more than \$480 from a single source on the "Travel" schedule of your annual Financial Disclosure Statement covering this calendar year. Finally, Travel Regulation § 404(d) also requires you to keep a copy of all request forms and supporting information provided to the Committee for three subsequent Congresses from the date of travel.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-7103.

Sincerely,

Michael Guest
Chairman

Mark DeSaulnier
Ranking Member

MG/MD:mc



Automatic Reply: Email Received

From Travel Requests <Travel.Requests@mail.house.gov>

Date Fri 2/21/2025 5:13 PM

To Ware, Josie <Josie.Ware@mail.house.gov>

Thank you for your submission to travel.requests@mail.house.gov. This email account is monitored and **submissions are reviewed regularly**. For immediate assistance or status requests, please call **202-225-7103**.

As a reminder, you must receive written approval from the Ethics Committee before you depart on privately-sponsored travel.

Committee staff may have additional questions for you and/or the trip sponsor as we continue our review; if that is the case, the faster the Committee receives responses to those questions, the faster we will be able to complete our review.

If your plans change and you wish to withdraw your request for any reason, please let us know by email at your earliest convenience.

If you are submitting a travel request to a travel destination outside of the United States:

- Please be aware that the Committee's review of the proposed trip does not extend to either the security situation in the destination country or security issues related to foreign travel in general. **You should contact the Office of House Security (OHS) for a safety and security briefing prior to departure.** OHS may be contacted at (202) 226-2044 or ohsstaff@mail.house.gov.
- In addition, **travelers should register for the U.S. State Department's Smart Traveler Enrollment Program (STEP)** for any travel outside of the United States. This is essential for communicating with the State Department should any security incident occur during your proposed trip. Please register for STEP at <https://step.state.gov/>

This is an automated response.

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