U.S. House of Representatives  
110th Congress

EMPLOYEE POST-TRAVEL DISCLOSURE FORM

This form is for disclosing the receipt of travel expenses from private sources for meetings, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately-funded travel on the annual Financial Disclosure Statements of those persons required to file them. In accordance with clause 5 of House Rule 25, complete this form and file it with the Clerk of the House of Representatives, B-106 Cannon House Office Building, within 15 days after travel is completed. The Clerk is to make these forms publicly available as soon as possible after they are received. Obtain the dollar amounts from the sponsor; if exact dollar amounts are unavailable, provide a good faith estimate.

Name of Employee (print or type):  Jeff Hidlo

Name of Accompanying Family Member (if any):  /N/A

Relationship to Employee:  □ Spouse □ Child □ Other (specify):

Date of Departure and Date of Return:  9/30 - 10/1

Dates at Personal Expense:

Itinerary (cities of departure – destination – return):  D.C. – Baltimore, D.C.

Sponsor(s) (who paid for the trip):  National Health Policy Forum

George Washington University

Describe meetings and events attended (attach additional pages if necessary):  Meetings with numerous individuals responsible for delivery of mental health services in Maryland. Visits to Sheppard Pratt, Kennedy Krieger School.

Attached to this form are EACH of the following (signify “yes” for each item by checking the corresponding box):

1. □ the Private Sponsor Travel Certification Form completed by trip sponsor, including all attachments;
2. □ the Privately-Sponsored Travel Approval Form completed by the employee; and
3. □ the Committee on Standards’ letter approving my participation on this trip.

I represent that I participated in each of the activities reflected in the sponsor’s agenda (signify “yes” by checking box).

If not, explain:  

______________________________

Sparck
TRAVEL EXPENSES:

<table>
<thead>
<tr>
<th></th>
<th>Total Transportation Expenses</th>
<th>Total Lodging Expenses</th>
<th>Total Meal Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>For employee:</td>
<td>$35.00</td>
<td>$169.00</td>
<td>$175.00</td>
</tr>
<tr>
<td>For accompanying family member:</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Other Expenses (dollar amount)</th>
<th>Specific Nature of Expenses (e.g., taxi, parking, registration fee, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>For employee:</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>For accompanying family member:</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

I certify that the information contained in this form is true, complete, and correct to the best of my knowledge.

SIGNATURE OF EMPLOYEE: ___________________________  
DATE: 10/2/07

I authorized this travel in advance. I have determined that all of the expenses listed above were necessary and that the travel was in connection with the employee’s official duties and would not create the appearance that the employee is using public office for private gain.

NAME OF SUPERVISING MEMBER: Pete Stark

SIGNATURE OF SUPERVISING MEMBER: ___________________________  
DATE: 10/2/07
Baltimore, MD Site Visit
Federal Participants List
9-30 to 10-1-07
(MH)

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