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LEGISLATIVE RESOURCE CENTER

EMPLOYEE POST-TRAVEL DISCLOSURE FORM 7 SEP -5 PM 4: 15

This form is for disclosing the receipt of travel expenses from private sources for travel taken in connection with official duties. This form does not eliminate the need to report privately-funded travel on the annual Financial Disclosure Statements of those employees required to file them. In accordance with House Rule 25, clause 5, spoultives must complete this form and file it with the Clerk of the House, 135 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: EDWARD VERRILL
2.	a. Name of accompanying relative: or None
3.	b. Relationship to Traveler: Spouse Child Other (specify): a. Dates of departure and return: Departure: 8/24/17 Return: 8/24/17
	b. Dates at personal expense (if any): or None
4.	Departure city: DC Destination: GETTYSBURG Return city: DC
5.	Sponsor(s) (who paid for the trip): NATIONAL PARK FOUNDATION
6.	Describe meetings and events attended: Introduction and explanation of NPF
	relationship with NPS, tour of visitor center, battlefield and cemetery.
 8. 	Attached to this form are EACH of the following (signify that each item is attached by checking the corresponding box): a.
kno	ertify that the information contained on this form is true, complete, and correct to the best of my owledge. GNATURE OF TRAVELER: DATE: 7-5-17
Spo em	uthorized this travel in advance. I have determined that all of the expenses listed on the attached onsor Post-Travel Disclosure form were necessary and that the travel was in connection with the ployee's official duties and would not create the appearance that the employee is using public office private gain.
	ME OF SUPERVISING MEMBER: Dr. Ralph Abraham DATE: 501.5, 2017
SIC	GNATURE OF SUPERVISING MEMBER:
	ion date 2/2015 by Committee on Ethics

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SPONSOR POST-TRAVEL DISCLOSURE FORM

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 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) (wh	o paid for the trip): <u>NUTIO</u>	VIAI F	ark towndation (NFF)
2.	Travel Destinat	ion(s): Get	tyslauro	Natio	nal Military Park (NMP)
3.					Return: 8/24/17
4.	Name(s) of Trac (NOTE: You m	veler(s): Pho ay list more than	one traveler on a	e atta form only if <u>all</u>	information is identical for each person listed.)
5.	Actual amount	of expenses paid	on behalf of, or r	eimbursed to, e	ach individual named in response to Question 4:
		Total Transportation Expenses	Total <i>Lodging</i> Expenses	Total <i>Meal</i> Expenses	Other Expenses (dollar amount per item and description)
	Traveler	37.84	NX	11.80	N/A
	Accompanying Relative	N/A	NIA	N/A	NIA
6.		nnected to the tripe by checking box)		costs incurred	and not a per diem or lump sum payment. (Signify
	I certify that the	information conta	nined in this form	is true, comple	te, and correct to the best of my knowledge.
	Signature:	anus.	Say	7	
	Name:	ulie Se	ger		Title: Managur, Government
	Organization: _	Nati	Mai P	ark fo	undation Relations
	I am an officer	of the above-nan	ned organization	(signify staten	ent is true by checking box): 👿
	Address: 111	o verma	At Ave. N	W, suit	e 200
	\underline{W}	askingto	M, DC,	20005	
	Telephone numb	oer: <u>202-</u>			
	Email Address:	<u>Jsege</u>	RC natio	inal parl	Ls.org
					tual if additional information is required.
	If you have que	stions regarding you	ır completion of th	is form, please co	ontact the Committee on Ethics at (202) 225-7103.

TRAVELER FORM

1.	Name of Traveler: EDWARD VERRILL
2.	Sponsor(s) (who will be paying for the trip): NATIONAL PARK FOUNDATION
3.	
4.	a. Date of departure 08/24/2017 b. Will you be extending the trip at your personal expense? Yes No
_	If yes, dates at personal expense:
5.	 a. Will you be accompanied by a relative at the sponsor's expense? Yes b. If yes: (1) Name of accompanying relative:
	(2) Relationship to traveler: Spouse Child Other (specify):
	(3) Accompanying relative is at least 18 years of age: Yes No
6	 a. Did the trip sponsor answer "yes" to Question 9(d) on the Primary Trip Sponsor Form (i.e., travel is sponsored by an entity that employs a registered federal lobbyist or foreign agent and you are requesting lodging for two nights)? \(\sum \) Yes \(\sum \) No b. If yes, explain why the second night of lodging is warranted:
7.	Primary Trip Sponsor Form is attached, including agenda, invitee list, and any other attachments and contributing sponsor forms: Yes No 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 <u>individual</u> official or representational duties. Staff should include their job title and how the activities on the itinerary relate to their duties. As Deputy Chief of Staff and Legislative Director I am involved with
	and oversee national parks issues. This trip will provide valuable insight into the operations and functions of America's National Parks.
9.	Is the traveler aware of any registered federal lobbyists or foreign agents involved in planning, organizing, requesting, and/or arranging the trip? Yes No
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.
	Date: 07-25-17
	Signature of Employing Member

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 <u>at least 30 days before the start date of the trip</u>. The trip sponsor should NOT submit the form directly to the Committee. The Committee Web site (ethics.house.gov) provides detailed instructions for filling out the form.

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.

1.	Sponsor (who will be paying for the trip):
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 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: Gettysburg Foundation, Civil War Trust
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): Please see attached list.
5.	Is travel being offered to an accompanying relative of the House invitee(s)? Yes No
6.	Date of departure: 8/24/17 Date of return: 8/24/17
7.	a. City of departure: Washington, D.C.
	b. Destination(s): Gettysburg National Military Park (NMP)
	c. City of return: Washington, D.C.
8.	I represent that (check one of the following):
	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: \square 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.
).	Check one of the following:
	a. I checked 8(a) or (b) above:
	b. I checked 8(c) above but am not offering any lodging:
	c. I checked 8(c) above and am offering lodging and meals for one night: \square or
	d. I checked 8(c) above and am offering lodging and meals for two nights: If "d" is checked, explain why the second night of lodging is warranted:

10.	an hourly description of p	enda of the activities for tr	ne House myttees will be ip invitees) (<i>indicate age</i>	e participating in dur	ing the travel (i.e., ecking box):
11.	Check one: a. I represent that a re employees on any set b. N/A – trip sponsor is a	gment of the trip (sign	ify that the statement is tr	ll not accompany H ue by checking box):	ouse Members or
12.	For each sponsor required trip and its role in organiz NPF's primary mission through private suppor-partnerships, effective NPF has provided supports the support of the su	zing and/or conducting is to support the Na t. In addition to Getty park-management,-c	gthe trip: tional Park Service and ysburg NMP being a st and-valuable education	l enrich America's r rong example of pu al and interpretive r	national parks blic-private
13.	Answer parts a and b. An		=		
			Car Other (S	-)
			First Charter Or O	,	rranted:
	 I represent that either (che a. The trip involves an e that meals provided to event attendees: □ ρ b. The trip involves event 	vent that is arranged of congressional particer	or organized without regipants are similar to tho	se provided to or pu	rchased by other
	If "b" is checked:	s mar are arranged spe	scincally with regard to c	ongressional particip	ation;
	Detail the cost per Approximately \$		imate cost may be provide	ed):	
	Provide reason for As a unit of the I	-	of the event or trip: m, Gettysburg NMP is	an illustrative exam	ple of the work
	of both NPS and	d NPF. The park is	also within a day's trav	vel from Washingto	on, D.C.
	Name, nightly cost, and real Hotel name:	asons for selecting eac	h hotel or other lodging f	acility: Cost per night:	N/A
	Reason(s) for selecting:	N/A			
	Hotel name: N/A		City: N/A	Cost per night:	N/A
	Reason(s) for selecting:	N/A	ATIA		
	Hotel name: N/A	NIΔ	City: N/A	Cost per night:	N/A
	Reason(s) for selecting:	N/A			

- 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 box):
- 18. TOTAL EXPENSES FOR EACH PARTICIPANT:

☐ actual amounts ☐ good faith estimates	Total Transportation Expenses per Participant	Total <i>Lodging</i> Expenses per Participant	Total <i>Meal</i> Expenses per Participant
For each Member, Officer, or employee	\$35	N/A	\$14
For each accompanying relative	N/A	N/A	N/A

	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	N/A	N/A		
For each accompanying relative	N/A	N/A		

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

19.	Check	one:

- a. I certify that I am an officer of the organization listed below. 🗏 or
- b. N/A sponsor is an individual or a U.S. institution of higher education. \square
- 20. I certify that I am not a registered federal lobbyist or foreign agent for any sponsor of this trip.

21.	I certify by my s	signature that the	information	contained in	this form is true	, complete, a	nd correct to th	e best of
	my knowledge.				•	. ,		

Signature:

Julie Seger

Name: Julie Sege

Title: Coordinator, Government Relations

Organization: National Park Foundation

Address: 1110 Vermont Ave. NW, Suite 200, Washington, D.C., 20005

Telephone number: 202-796-2510

Email address: jseger@nationalparks.org

If there are any questions regarding this form please contact the Committee at the following address:

Committee on Ethics U.S. House of Representatives 1015 Longworth House Office Building Washington, DC 20515 (202) 225-7103 (phone) (202) 225-7392 (general fax)

GRANTMAKING TRIP SPONSOR FORM

This form should be completed by a public charity or private foundation (both as defined under section 501(c)(3) of the Internal Revenue Code) that provides a grant of funds to another entity to underwrite, in whole or in part, a trip or an event, meal, or activity that will occur during a trip, or a necessary expense that will be incurred during a trip, with express or implicit knowledge or understanding that one or more House Members or employees may participate in or attend that trip or event, or otherwise may be beneficiaries of the gift or donation. Provide a copy of your completed form to the primary sponsor of the trip.

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.

ı.	I certify that (name of your organization): Gettysburg Foundation
	has been designated a § 501(c)(3) nonprofit charitable organization by the Internal Revenue Service Yes No
2.	Name of Primary Trip Sponsor: National Park Foundation
3.	 l certify that my organization (complete a or b): a. Has provided a grant, gift, or donation to the above-named Primary Trip Sponsor and conducts an audit or review of its grant, gift, or donation to ensure that the funds are spent in accordance with the terms of its grant, gift, or donation. or b. Has had a direct role in the organizing, planning, or conducting of a trip to (destination) Gettysburg National Military Park on (date) August 24, 2017 that is being organized or arranged by the above-named Primary Trip Sponsor.
4.	Check one: a. My organization does not employ or retain a registered federal lobbyist or foreign agent or b. My organization employs a registered federal lobbyist or foreign agent, but their involvement in planning, organizing, or arranging the trip was de minimis under the travel regulations.
5.	I certify that I am not a registered federal lobbyist or foreign agent for any sponsor of this trip.
6.	I certify by my signature that the information contained in this form is true, complete, and correct to the best of my knowledge.
	Signature: Obabecia a Vin
	Name: Elizabeth Kirby United Chief of Membership
	Organization: Gettysburg Foundation
	Address: 1195 Baltimore Pike, Gettysburg PA 17325
	Telephone number: 717-339-2102 Email: ekirby@gettysburgfoundation.org
If	there are any questions regarding this form please contact the Committee at the following address:
	Committee on Ethics U.S. House of Representatives 1015 Longworth House Office Building Washington, DC 20515 (202) 225-7103 (phone) (202) 225-7392 (general fax)

GRANTMAKING TRIP SPONSOR FORM

This form should be completed by a public charity or private foundation (both as defined under section 501(c)(3) of the Internal Revenue Code) that provides a grant of funds to another entity to underwrite, in whole or in part, a trip or an event, meal, or activity that will occur during a trip, or a necessary expense that will be incurred during a trip, with express or implicit knowledge or understanding that one or more House Members or employees may participate in or attend that trip or event, or otherwise may be beneficiaries of the gift or donation. Provide a copy of your completed form to the primary sponsor of the trip.

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.

1.	I certify that (name of your organization): Civil War Trust
	has been designated a § 501(c)(3) nonprofit charitable organization by the Internal Revenue Service Yes No
2.	National Park Foundation
3.	 I certify that my organization (complete a or b): a. ☐ Has provided a grant, gift, or donation to the above-named Primary Trip Sponsor and conducts an audit or review of its grant, gift, or donation to ensure that the funds are spent in accordance with the terms of its grant, gift, or donation. or b. ☐ Has had a direct role in the organizing, planning, or conducting of a trip to (destination) Gettysburg NMP on (date) August 24, 2017 that is being organized or arranged by the above-named Primary Trip Sponsor.
4,	Check one: a. My organization does not employ or retain a registered federal lobbyist or foreign agent <u>or</u> b. My organization employs a registered federal lobbyist or foreign agent, but their involvement in planning, organizing, or arranging the trip was <u>de minimis</u> under the travel regulations.
5.	I certify that I am not a registered federal lobbyist or foreign agent for any sponsor of this trip.
6.	I certify by my signature that the information contained in this form is true, complete, and correct to the best of my knowledge. Signature:
	Name: Paul Coussan Title: Fed. Relations Manager
	Organization: Civil War Trust
	Address: 1156 15th St. NW Washington, DC 20005
	Telephone number: 2023671861 Email: pcoussan@civilwar.org
Ιf	there are any questions regarding this form please contact the Committee at the following address:
	Committee on Ethics U.S. House of Representatives 1015 Longworth House Office Building Washington, DC 20515 (202) 225-7103 (phone) (202) 225-7392 (general fax)

Susan W. Brooks, Indiana Chairwoman Theodore E. Deutch, Florida Ranking Member

Patrick Meehan, Pennsylvania Trey Gowdy, South Carolina Kenny Marchant, Texas Leonard Lance, New Jersey

Yvette D. Clarke, New York Jared Polis, Colorado Anthony Brown, Maryland Steve Cohen, Tennessee



ONE HUNDRED FIFTEENTH CONGRESS

U.S. House of Representatives

COMMITTEE ON ETHICS

August 15, 2017

Thomas A. Rust Staff Director and Chief Counsel

Donna Herbert
Director of Administration

Megan Savage Chief of Staff and Counsel to the Chairwoman

Daniel J. Taylor Counsel to the Ranking Member

1015 Longworth House Office Building Washington, D.C. 20515–6328 Telephone: (202) 225–7103 Facsimile: (202) 225–7392

Mr. Edward Verrill
Office of the Honorable Ralph Abraham
417 Cannon House Office Building
Washington, DC 20515

Dear Mr. Verrill:

Pursuant to House Rule 25, clause 5(d)(2), the Committee on Ethics hereby approves your proposed trip to Gettysburg National Military Park, scheduled for August 24, 2017, sponsored by the National Park Foundation, the Gettysburg Foundation, and the Civil War Trust. We remind you that, because the trip sponsor employs a federal lobbyist, you may participate in officially-connected activity on one calendar day only.

You must complete an Employee Post-Travel Disclosure Form (which your employing Member must also sign) 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. If you are required to file an annual Financial Disclosure Statement, you must also report all travel expenses totaling more than \$390 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,

Susan W. Brooks Chairwoman

Augani Bingka

Theodore E. Deutch Ranking Member

SWB/TED:jls