Original	☐ Amendment
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LEGISLATIVE RESOURCE CENTER

## EMPLOYEE POST-TRAVEL DISCLOSURE FORM 18 FEB 16 PM 1: 59

This form is for disclosing the receipt of travel expenses from private sources for travel taken in connection with an official duties. This form does not eliminate the need to report privately-funded travel on the same lateral latives. Disclosure Statements of those employees required to file them. In accordance with House Rule 25, clause 5, you 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: Hillary O'Brien
2.	a. Name of accompanying relative: <u>or</u> None
	b. Relationship to Traveler: Spouse Child Other (specify):
3.	a. Dates of departure and return: Departure: 2 4 18 Return: 25 18
	b. Dates at personal expense (if any): 2/6/18 Committee Work or None
4.	Departure city: Washington DC Destination: Denver, CO Return city: Washington
5.	Sponsor(s) (who paid for the trip): The Health Physics Society CHI
6.	Describe meetings and events attended: HPS Mid - Year Meeting
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 Grantmaking or Non-Grantmaking Sponsor Forms;  c.  age 2 of the completed Traveler Form submitted by the employee; and the letter from the Committee on Ethics approving my participation on this trip.
8.	<ul> <li>a. I represent that I participated in each of the activities reflected in the attached sponsor's agenda. (Signify that statement is true by checking box):</li> <li>b. If not, explain:</li> </ul>
kne	rertify that the information contained on this form is true, complete, and correct to the best of my owledge.  GNATURE OF TRAVELER:  DATE: 2 16 17
Sp	outhorized 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 uployee's official duties and would not create the appearance that the employee is using public office
tor	AME OF SUPERVISING MEMBER: Lamar Smith DATE: 2/16/18
N/	AME OF SUPERVISING MEMBER: LOTTO DATE: 21.9110
SI	AME OF SUPERVISING MEMBER: Lamar Smith  BOATE: 2/16/18  GNATURE OF SUPERVISING MEMBER: Lamar Smith
Ver	sion date 2/2015 by Committee on Ethics

☐ Original	☐ Amendment
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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.

Travel Destinati	ion(s): Denver	Colorado	V/A** - VANCE PLANE AND	
Date of Departure: 2/4/2018 Date of Return: 2/6/2018				
	veler(s): Hillary	O'Brien		
			form only if <u>all</u>	information is identical for each person listed.)
Actual amount	of expenses paid	on behalf of, or r	eimbursed to, e	ach individual named in response to Question 4:
Total to an of the am will be come as a proper set of the come and the	Total Transportation Expenses	Total Lodging Expenses	Total Meal Expenses	Other Expenses (dollar amount per item and description)
Traveler	249.59	208.35	0.00	0.00
The state of the s	240.00			
Accompanying Relative	240.00			
Relative  All expenses co	onnected to the tri		costs incurred	and not a per diem or lump sum payment. (Sign
Relative  All expenses costatement is true	onnected to the tri	): 🗏		
All expenses co statement is true I certify that the	onnected to the tri	): 🗏		and not a <i>per diem</i> or lump sum payment. ( <i>Sign</i> ete, and correct to the best of my knowledge.
All expenses co statement is true I certify that the Signature:	onnected to the tri	): 🗏		ete, and correct to the best of my knowledge.
All expenses co statement is true I certify that the Signature: Name: Brett	onnected to the tries by checking box; information cont	): <b>=</b> ained in this form		
All expenses co statement is true I certify that the Signature: Name: Brett Organization:	onnected to the tries by checking box information contons.  J. Burk Health Physic	ained in this form  S Society	n is true, comple	ete, and correct to the best of my knowledge.
All expenses co statement is true I certify that the Signature: Name: Brett Organization: I am an officer	onnected to the tries by checking box information contons.  J. Burk Health Physic	ained in this form  S Society  ned organization	n is true, comple	ete, and correct to the best of my knowledge.  Title: Executive Director
All expenses co statement is true I certify that the Signature: Name: Brett Organization: I am an officer Address: 1313	onnected to the tries by checking box; information contours.  J. Burk  Health Physic of the above-nar	ained in this form  S Society  ned organization  son Blvd Suite	n is true, comple	ete, and correct to the best of my knowledge.  Title: Executive Director
All expenses co statement is true I certify that the Signature: Name: Brett Organization: I am an officer Address: 1313	onnected to the trice by checking box; information contour.  J. Burk  Health Physic of the above-nar.  3 Dolley Madian	ained in this form  S Society  ned organization  Son Blvd Suit	n is true, comple	ete, and correct to the best of my knowledge.  Title: Executive Director

Version date 2/2013 by Committee on Ethics

### TRAVELER FORM

1.	Name of Traveler: Hillary O'Brien	
	Sponsor(s) (who will be paying for the trip): The Health Physics Society	
3.		
4.	a. Date of departure 2/4/18  b. Will you be extending the trip at your personal expense? Yes No H.P.O.  If yes, dates at personal expense: 2/6/18: Committee business H	I.P.O.
5.	<ul> <li>a. Will you be accompanied by a relative at the sponsor's expense? ☐ Yes</li> <li>b. If yes: <ul> <li>(1) Name of accompanying relative:</li> </ul> </li> </ul>	
	(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)? Yes No	
		1.P.O.
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.	S
8.	Explain why participation in the trip is connected to the traveler's <u>individual</u> official or representationa duties. Staff should include their job title and how the activities on the itinerary relate to their duties.	1
	Professional Staff member will be attending the Health Physics Society annual conference in order to speak on the importance of low dose radiation research, in support of recently introduced SST bill, HR 4675.	
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	o
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 tha acceptance of these expenses will not create the appearance that the employee is using public office for	e t
	Date: 1/3/2018  Janua Amulh 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):Health Physics Society
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.	<ul> <li>Check only one: I represent that:</li> <li>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</li> <li>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</li> <li>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:</li> </ul>
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):  Hillary O'Brien - Awarded lectureship to give Plenary Session presentation at the Health Physics Society Midyear Meeting in Denver, CO on the Low Dose Radiation Research Act of 2017.
5.	Is travel being offered to an accompanying relative of the House invitee(s)?  Yes  No
6.	Date of departure: February 4, 2018 Date of return: February 6, 2018
7.	a. City of departure: Washington, D.C.
	b. Destination(s): Denver, CO
	c. City of return: Washington, D.C.
8.	I represent that (check one of the following):
	<ul> <li>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</li> <li>b. The sponsor of the trip does not retain or employ a registered federal lobbyist or foreign agent:  or</li> <li>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.</li> </ul>
9.	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: $\square$ $\underline{or}$
	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:
	Arriving Sunday February 4, 2018, speaking February 5, 2018, returning February 6, 2018

10.					ticipating in during the travel (i.e., is attached by checking box):			
11.	Check one:  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 that the statement is true by checking box):   b. N/A - trip sponsor is a U.S. institution of higher education.							
12.	For <u>ea</u> trip <u>ar</u>	nch sponsor required nd its role in organizi	to submit a sponsor forming and/or conducting the	, describe the sponsor's trip:	interest in the subject matter of the			
	Spor	nsor - Health Physic essionals who speci	s Society (HPS): HPS) alize in radiation safety	, formed in 1956, is a s v. Its mission is to supp	ort its members in the practice			
	mee	ting is the Society's	o promote excellence in 51st Midyear Meeting. w Dese Radiation Res	Ms. O'Brien was awar	tice of radiation safety. This ded a lectureship by the HPS			
13.			wer part c if necessary.					
	a. N	Mode of travel: Air	Rail 🗆 Bus 🗀	Car ☐ Other ☐ (Spec	ify:)			
	b. (	Class of travel: Coacl	h 🗏 Business 🗌 Firs	t 🗆 Charter 🗆 Other	☐ (Specify:)			
		f travel will be first cl N/A	ass or by chartered or pri	vate aircraft, explain why	such travel is warranted:			
	l repr a. Tl th ev b. Tl	resent that either (check the trip involves an exat meals provided to the trip involves event attendees: a on the trip involves event f"b" is checked:  1) Detail the cost per N/A	e invitee(s). (signify that ck one of the following): vent that is arranged or congressional participal state are arranged specifically day of meals (approxima	organized without regard onts are similar to those placed with regard to conficiently with regard to confice cost may be provided).	p will be unrelated to personal or checking box):			
16.		e, nightly cost, and real name: Denver Hil	asons for selecting each h lton		ility: Cost per night. \$180			
	Rea	ason(s) for selecting:	Conference Hotel					
	Hotel	name:		City:	_ Cost per night:			
	Rea	son(s) for selecting:	**************************************					
	Hotel	name:		City:	Cost per night:			
	Rea	son(s) for selecting:						

17.	I represent that	t all expenses	connected	to the tri	p will	be for	actual	costs	incurred	and	not a	per	diem	or l	lump
	sum payment.	(signify that t	he statemer	it is true	by che	cking	box):								

#### 18. TOTAL EXPENSES FOR EACH PARTICIPANT:

☐ actual amounts ☐ good faith estimates	Total <i>Transportation</i> Expenses per Participant	Total Lodging Expenses per Participant	Total <i>Meal</i> Expenses per Participant
For each Member, Officer, or employee	\$400	\$400	\$100
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		
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. $\blacksquare$ <u>or</u> 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 signature that the information contained in this form is true, complete, and correct to the best of my knowledge.  Signature:
	Name: Jill Drupa
	Title: Director of Administration
	Organization: Health Physics Society
	Address: 1313 Dolley Madison Boulevard, Suite 402, McLean, VA
	Telephone number: 703-790-1745
	Email address: jdrupa@burkinc.com

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) Susan W. Brooks, Indiana

Chairwoman

Theodore E. Deutch, Florida

Ranking Member

Kenny Marchant, Texas Leonard Lance, New Jersey Mimi Walters, California John Ratcliffe, Texas

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



# U.S. House of Representatives

#### COMMITTEE ON ETHICS

February 2, 2018

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

Ms. Hillary O'Brien Committee on Science, Space, and Technology 2321 Rayburn House Office Building Washington, DC 20515

Dear Ms. O'Brien:

Pursuant to House Rule 25, clause 5(d)(2), the Committee on Ethics hereby approves your proposed trip to Denver, Colorado, scheduled for February 4 to February 6, 2018, sponsored by the Health Physics Society. We remind you that, because the trip sponsor employs a federal lobbyist, you may participate in officially-connected activity on one calendar day only. We note that you will be on official House travel for February 6, 2018, and official funds will be used to cover your lodging, meals, and incidental expenses.

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,

Theodore E. Deutch Ranking Member

SWB/TED:kej

Chairwoman

## FINAL TECHNICAL PROGRAM

If a paper is going to be presented by other than the first author, the presenter's name has an asterisk (\*) All Sessions will take place in The Denver Hilton City Center

## MONDAY

7:15 AM = 8:15 AM

Some

A Radiation Grassroots Response Group-Your Responsibility and How To

White JC

VA North Texas Health Care System

8:30 AM = 12:00 PM

Denver Ballroom 18

MAM-A **Plenary Session** 

8:30 AM

MAM-A.0

Welcome/Introduction

Abelquist E Affiliation?

8:40 AM

MAM-A.1

Radiation Protection Research Needs—HPS Task Force Takes the Reins

Abelguist E Affiliation?

9:00 AM

ΜΔΜ-Δ.2

House Science Committee staff re: funding low dose research

O'Brien H

Moeller Lecturer

9:30 AM MAM-A.3

Meeting the U.S. EPA's Need for Radiation Professionals Bovd M

Affiliation?

10:00 AM

COFFEE BREAK

Colorado Ballroom

MAM-A.4

Discussion on LLRW/Int'I/Fukushima

Uchida M

10:30 AM

GW Morgan Lecturer

11:00 AM

MAM-A.5 An Update on Current Issues Facing Low-Level Waste

Affiliation?

11:30 AM

MAM-A.6

Innovative Solutions To Better Risk-Inform the Disposition of Low-Level Radioactive Waste

Kirk S Affiliation?

12:00 PM

LUNCH

Colorado Ballroom

1:35 PM - 5:00 PM Denver Ballroom 1-3

MPM-A **NCRP** Workshop

Co-chairs: William E. Kennedy Jr., Don Cool

1:35 PM

MPM-A.1

Contamination Mitigation in the WIPP Repository

Gadbury DC

DOE-Carlsbad Field Office

2:00 PM

MPM-A.2

High Level Waste Tank Closure at Savannah River Site

Rosenberger KH

Savannah River Remediation

2:25 PM

MPM-A.3

NRC 10 CFR 61 Update on LLW Management

Suber GF, Dembek S, Yadav P US NRC

2:45 PM

COFFEE BREAK

Colorado Ballroom

3:15 PM

MPM-A.4

Nuclear Industry Perspectives on Low Level Waste Management

Schlueter J

NEI

#### MONDAY

3:40 PM

MPM-A.5

Present & Future Low-Level Radioactive Waste issues, an Industrial Perspective

Shaw C

Waste Control Specialists LLC

4:05 PM

MPM-A.6

Waste Management Approaches for Handling Technologically Enhanced Naturally Occurring Radioactive Material

Kennedy Jr WE WE Kennedy Consulting

4:30 PM

MPM-A.7

Panel Discussion

500 pm - 630 pm

Colorado Ballroom

#### **Exhibitor Reception**

Join the exhibitors for food, a cash bar, and the latest in health physics equipment.

5:00 PM - 6:30 PM

Colorado Ballroom

#### **Poster Session**

- Radioactive safety assessment in soil and some selected grains from Bukuru mining site of Plateau and Mubi non-Mining site of Adamawa State, Nigeria Ishidi J, Saleh BT, Ganniyu IB POLAC, Kano, KUST, Wudil, ABU Zaira
- P.2 Particle Track Tagging in the Visual Editor Schwarz R, Schwarz A Visual Editor Consultants
- P.3 The Overlooked Radiation Dose to Downwinders from the Trinity Blast

McNabb IM, Whicker JJ, Ruedig E, McNaughton M Colorado State University, Los Alamos National Laboratory

P.4 ESR (EPR) Dosimetry With Human Deciduous, Rat, And Cattle Teeth

Murahashi M, Toyoda S, Hoshi M, Ohtaki M, Fujimoto N, Miyazawa C, Yamada Y, Natsuhori M Okayama University of Science, Hiroshima University, Ohu University, Kitasato University

P.5 Significant Advancements in Geospatial Analysis Gray JL, Ottman J, Marcial M, Danson RW Affiliation?

# Thank you to the following **HPS Sponsors**

GOLD)





#### SILVER



#### BRONZE



J.L. Shepard Logo t/k

