

U.S. House of Representatives Committee on Ethics

18 AUG 30 PM 1:42

EMPLOYEE POST-TRAVEL DISCLOSUDE EMRMI

This form is for disclosing the receipt of travel expenses from private sources for travel taken in connection with Esentatives 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, 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: Thomas J. Wickham, Jr.
2.	a. Name of accompanying relative: or None
	b. Relationship to Traveler: Spouse Child Other (specify):
3.	a. Dates of departure and return: Departure: 8/6/18 Return: 8/7/18
	b. Dates at personal expense (if any): \underline{or} None
4.	Departure city: Wash DC Destination: Monterey CA Return city: Wash DC
5.	Sponsor(s) (who paid for the trip): The Panetta Institute for Public Policy
6.	Describe meetings and events attended: Addressed Congressional Internship
	Program Class of '18 in preparation for internship with House.
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. Ethe Primary Trip Sponsor Form completed by the trip sponsor prior to the trip, including all attachments and Grantmaking or Non-Grantmaking Sponsor Forms;
	c. = page 2 of the completed Traveler Form submitted by the employee; <i>and</i>
	d. It 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 that statement is true by checking box):
	b. If not, explain:
kno	ertify that the information contained on this form is true, complete, and correct to the best of my wledge. NATURE OF TRAVELER: DATE: \$\frac{20}{8}\$
Spo emj	athorized 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: Hon. Paul D. Ryan DATE: 8/14/18
SIC	NATURE OF SUPERVISING MEMBER:
Vers	on date 2/2015 by Committee on Ethics

☐ Original	Amendment
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U.S. House of Representatives Committee on Ethics

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 Destinat	ion(s): Seaside	e, California	MIL 8247-12-HUMBH				
Date of Departu	re: 6 August 2	2018	Date of	Return: 7 August 2018			
Name(s) of Tra	veler(s): Thom	as J. Wickham	ı, Jr.				
				information is <u>identical</u> for each person listed.)			
Actual amount	Actual amount of expenses paid on behalf of, or reimbursed to, each individual named in response to Question 4:						
	Total Transportation Expenses	Total Lodging Expenses	Total Meal Expenses	Other Expenses (dollar amount per item and description)			
Traveler	767.60	\$540.00-	N/A	\$50 -Baggage, \$221.46 - Rental Car			
	707.00	In KIND DONATION					
Accompanying Relative	N/A	N/A	N/A	N/A			
Relative All expenses co	N/A	N/A	N/A				
All expenses co	N/A nnected to the tri by checking box	N/A ip were for actual	N/A costs incurred	and not a per diem or lump sum payment. (Sign			
All expenses costatement is true	N/A nnected to the tri by checking box	N/A ip were for actual	N/A costs incurred				
All expenses constatement is true I certify that the Signature:	nnected to the trace by checking box	N/A ip were for actual	N/A costs incurred	and not a <i>per diem</i> or lump sum payment. (Signete, and correct to the best of my knowledge.			
All expenses constatement is true I certify that the Signature: Name: Sylvia	nnected to the trace by checking box	N/A ip were for actual i): tained in this form	N/A costs incurred is true, comple	and not a per diem or lump sum payment. (Sign			
All expenses constatement is true I certify that the Signature: Name: Sylvia Organization:	nnected to the trace by checking box information confidence. M. Panetta The Panetta In	N/A ip were for actual e): tained in this form	N/A costs incurred is true, comple	and not a <i>per diem</i> or lump sum payment. (Signete, and correct to the best of my knowledge. Title: Co-Chair and CEO			
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