

U.S. House of Representatives
Committee on Ethics

EMPLOYEE POST-TRAVEL DISCLOSURE FORM

LEGISLATIVE RESOURCE CENTER
2019 MAR -8 PM 1:40
U.S. HOUSE OF REPRESENTATIVES

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, 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: Devin Gerzof
2. a. Name of accompanying relative: _____ *or* None
 b. Relationship to Traveler: Spouse Child Other (specify): _____
3. a. Dates of departure and return: Departure: 02/12/2019 Return: 02/15/2019
 b. Dates at personal expense (if any): _____ *or* None
4. Departure city: Washington DC Destination: Orlando Return city: New York
5. Sponsor(s) (who paid for the trip): HIMSS
6. Describe meetings and events attended: Attended a variety of meetings and information sessions on innovation in the healthcare space, interoperability, and data exchange.
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. page 2 of the completed Traveler Form submitted by the employee; *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 that statement is true by checking box*):
 b. If not, explain: _____

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

SIGNATURE OF TRAVELER: Devin Gerzof DATE: 03/08/2019

I authorized this travel in advance. I have determined that all of the expenses listed on the attached Sponsor Post-Travel Disclosure form 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: Kevin Brady DATE: 03/08/2019

SIGNATURE OF SUPERVISING MEMBER: Kevin Brady