

U.S. House of Representatives  
Committee on Ethics

EMPLOYEE POST-TRAVEL DISCLOSURE FORM

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: Melanie Anne Egorin
2. a. Name of accompanying relative: \_\_\_\_\_ or None   
 b. Relationship to Traveler:  Spouse  Child  Other (specify): \_\_\_\_\_
3. a. Dates of departure and return: Departure: 2/13/2019 Return: 2/15/2019  
 b. Dates at personal expense (if any): \_\_\_\_\_ or None
4. Departure city: Washington, DC Destination: Orlando, FL Return city: Washington, DC
5. Sponsor(s) (who paid for the trip): Healthcare Information and Management Systems Society
6. Describe meetings and events attended: HIMSS 2019 meeting with a focus on health technology and attended a series of meetings related to my role as professional staff.
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: \_\_\_\_\_

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LEGISLATIVE RESOURCE CENTER

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

SIGNATURE OF TRAVELER: \_\_\_\_\_

DATE: \_\_\_\_\_

April 3, 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: \_\_\_\_\_

Richard E. Neal

DATE: \_\_\_\_\_

4/4/19

SIGNATURE OF SUPERVISING MEMBER: \_\_\_\_\_

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U.S. House of Representatives  
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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 at least 30 days before the start date of the trip. 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): Healthcare Information and Management Systems Society (HIMSS)
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: \_\_\_\_\_
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 the attached list for Congressional invites
5. Is travel being offered to an accompanying relative of the House invitee(s)?  Yes  No
6. Date of departure: February 12, 2019 *MBE* Date of return: February 15, 2019
7. a. City of departure: Washington, DC  
b. Destination(s): Orlando, FL  
c. City of return: Washington, DC
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:  *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.
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:  *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. Attached is a detailed agenda of the activities the House invitees will be participating in during the travel (i.e., an hourly description of planned activities for trip invitees) (indicate agenda 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):  or  
b. N/A – trip sponsor is a U.S. institution of higher education.

12. For each sponsor required to submit a sponsor form, describe the sponsor's interest in the subject matter of the trip and its role in organizing and/or conducting the trip:

HIMSS is a global advisor and thought leader supporting the transformation of health through the application of information and technology. As a mission driven non-profit, HIMSS provides community building, public policy, professional/workforce development and engaging events to bring forward the voice of our members. HIMSS encompasses more than 70,000 global individual members, 630 corporate members and over 450 non-profit partner organizations, that share this cause. HIMSS is responsible for the development, organization, and conducting of all aspects of the trip and conference, including travel, speakers, and developing education sessions and topics.

13. Answer parts a and b. Answer part c if necessary.

- a. Mode of travel: Air  Rail  Bus  Car  Other  (Specify: \_\_\_\_\_)  
b. Class of travel: Coach  Business  First  Charter  Other  (Specify: \_\_\_\_\_)  
c. If travel will be first class or by chartered or private aircraft, explain why such travel is warranted:

\_\_\_\_\_  
\_\_\_\_\_

14. I represent that the expenditures related to local area travel during the trip will be unrelated to personal or recreational activities of the invitee(s). (signify that the statement is true by checking box):

15. I represent that either (check one of the following):

- a. The trip involves an event that is arranged or organized *without regard* to congressional participation and that meals provided to congressional participants are similar to those provided to or purchased by other event attendees:  or  
b. The trip involves events that are arranged specifically *with regard* to congressional participation:

If "b" is checked:

1) Detail the cost per day of meals (approximate cost may be provided): \_\_\_\_\_

2) Provide reason for selecting the location of the event or trip: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

16. Name, nightly cost, and reasons for selecting each hotel or other lodging facility:

Hotel name: Rosen Centre Hotel City: Orlando, FL Cost per night: \$121

Reason(s) for selecting: HIMSS seeks bids from hotels and contracts based on a consideration of price, location, and accessibility to the conference

Hotel name: \_\_\_\_\_ City: \_\_\_\_\_ Cost per night: \_\_\_\_\_

Reason(s) for selecting: \_\_\_\_\_

Hotel name: \_\_\_\_\_ City: \_\_\_\_\_ Cost per night: \_\_\_\_\_

Reason(s) for selecting: \_\_\_\_\_

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:

<input type="checkbox"/> actual amounts <input type="checkbox"/> good faith estimates	Total Transportation Expenses per Participant	Total Lodging Expenses per Participant	Total Meal Expenses per Participant
For each Member, Officer, or employee.	\$350	\$363	\$235
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	\$825; \$350(if applicable)	Conference registration fee; Pre-confer
For each accompanying relative		ence registration fee for Monday (2/11)


**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.

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: Ilene I. Wolf Moore

Title: SVP, General Counsel and Government Relations

Organization: HIMSS

Address: 33 West Monroe Street, Suite 1700 Chicago, IL 60603

Telephone number: 312-802-5932

Email address: imoore@himss.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)