



Employee Post-Travel Disclosure Form

Original Amendment

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, B-81 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.

- Name of Traveler: Carla McGarvey
- Name of Accompanying Relative: _____ **OR** None
 - Relationship to Traveler: Spouse Child Other (specify): _____
- Dates: Departure: 4/5/19 Return: 4/6/19
 - Dates at Personal Expense, if any: _____ **OR** None
- Departure City: Washington DC Destination: Warrenton, VA Return City: Washington DC
- Sponsor(s), Who Paid for the Trip: Alliance for Health Policy & Commonwealth Fund
- Describe Meetings and Events Attended: The meetings & events at this conference were focused on healthcare. There was a wide range of issues related to health care issues and policy covered at this conference.
- Attached to this form are **each** of the following, *signify that each item is attached by checking the corresponding box*:
 - a completed *Sponsor Post-Travel Disclosure Form*;
 - the *Primary Trip Sponsor Form* completed by the trip sponsor **prior** to the trip, **including all** attachments **and** the *Grantmaking or Non-Grantmaking Sponsor Forms*;
 - page 2 of the completed *Traveler Form* submitted by the employee; **and**
 - the letter from the Committee on Ethics approving my participation on this trip.
- I represent that I participated in each of the activities reflected in the attached sponsor's agenda. **Signify statement is true by checking the box:**
 - If not, explain: _____

LEGISLATIVE RESOURCE CENTER
2019 MAY 22 AM 9:28
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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

Signature of Traveler: Date: 5/21/19

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: Donna E Shalala Date: 5/21/19

Signature of Supervising Member: