## **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.

NC	OTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to	18 U.S.C. § 1001.
1.	Name of Traveler: Michael Stein	
2.	a. Name of Accompanying Relative:	OR None
	b. Relationship to Traveler:   Spouse Child Chil	
3.		
	b. Dates at Personal Expense, if any:	OR None
4.	b. Dates at Personal Expense, if any:  Departure City: Washington, D.C.  Destination: Louisville, KY  Return City: Louis	ville, KY
5.	Sponsor(s), Who Paid for the Trip: National Association of State Departments of Agriculture Foundation	ion
6.	Describe Meetings and Events Attended: Attended the 2019 NASDA Foundation Farm Tour where we visited farms	
	and agribusinesses across north central Kentucky.	T-
7.	<ul> <li>Attached to this form are each of the following, signify that each item is attached by checking the correct.</li> <li>a. ☑ a completed Sponsor Post-Travel Disclosure Form;</li> <li>b. ☑ the Primary Trip Sponsor Form completed by the trip sponsor prior to the trip, including all attached Grantmaking or Non-Grantmaking Sponsor Forms;</li> <li>c. ☑ page 2 of the completed Traveler Form submitted by the employee; and</li> <li>d. ☑ the letter from the Committee on Ethics approving my participation on this trip.</li> <li>a. 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: ☑</li> <li>b. If not, explain:</li> </ul>	G A
Sig I au Dis cre	gnature of Traveler:	or Post-Travel

Version date 12/2018 by Committee on Ethics