



U.S. House of Representatives

COMMITTEE ON ETHICS

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.

1. Name of Traveler: Sara Matar
2. a. Name of Accompanying Relative: _____ **OR** None
 b. Relationship to Traveler: Spouse Child Other (specify): _____
3. a. **Dates:** Departure: October 6, 2019 Return: October 12, 2019
 b. Dates at Personal Expense, if any: _____ **OR** None
4. Departure City: Washington DC Destination: Bogota Return City: Washington, DC
5. Sponsor(s), Who Paid for the Trip: International Committee of the Red Cross
6. Describe Meetings and Events Attended: Meetings with migrants in the region to see how aid support violence affected people and ensure access to healthcare. Also met with families of missing persons in rural areas.
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 the 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 statement is true by checking the box:**
 b. If not, explain: _____

LEGISLATIVE RESOURCE CENTER
2019 NOV 21 PM 4:55
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I certify that the information contained on this form is true, complete, and correct to the best of my knowledge.

Signature of Traveler: Date: 11/21/2019

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: Rep. Lee Zeldin Date: 11/21/2019

Signature of Supervising Member:



U.S. House of Representatives

COMMITTEE ON ETHICS

Sponsor Post-Travel Disclosure Form

Original Amendment

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 ten 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.

1. Sponsor(s) who paid for the trip: International Committee of the Red Cross

2. Travel Destination(s): Colombia

3. Date of Departure: October 6, 2019 Date of Return: October 12, 2019

4. Name(s) of Traveler(s): Sara Matar


Note: You may list more than one traveler on a form only if all information is identical for each person listed.

5. Actual amount of expenses paid on behalf of, or reimbursed to, each individual named in Question 4:

	Total Transportation Expenses	Total Lodging Expenses	Total Meal Expenses	Total Other Expenses (dollar amount per item and description)
Traveler	\$1,197.59	\$383.15	\$158.80	\$0.00
Accompanying Family Member				

6. All expenses connected to the trip were for actual costs incurred and not a *per diem* or lump sum payment. Signify statement is true by checking box:

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

Signature:  Date: November 5, 2019

Name: Geoffrey Browning Title: Congressional Affairs Advisor

Organization: International Committee of the Red Cross

I am an officer of the above-named organization. Signify statement is true by checking box:

Address: 1100 Connecticut Avenue, NW, Ste 500, Washington DC, 20036

Telephone: 202 587 4627 Email: gbrowning@icrc.org

Committee staff may contact the above-named individual if additional information is required.

If you have questions regarding your completion of this form, please contact the Committee on Ethics at 202-225-7103.