## SPONSOR POST-TRAVEL DISCLOSURE FORM

☐ Original ☐ Amendment

| A contript to contribute the | enses or reimburse<br>ompleted copy of to<br>within ten days of<br>comply with House   | ment for travel expenses to<br>he form must be provided<br>f their return. You must an<br>rules and the Committee's<br>quests to sponsor trips and | o House Members, on House Members, on House Members all questions, as travel regulations. | officers, or employ<br>mber, officer, or e<br>and check all box<br>Failure to comply | ary trip sponsor in providing travel<br>ees under House Rule 25, clause 5.<br>mployee who participated on the<br>es, on this form for your submission<br>with this requirement may result in<br>ciplinary action or a requirement to |  |
|------------------------------|--|--|---|--|--|--|
| NO'                          | ΓΕ: Willful or knowi   | ng misrepresentations on th  | is form may be subject  | ct to criminal prose   | ecution pursuant to 18 U.S.C. § 1001.  |  |
| 1.                           | Sponsor(s) who paid for the trip:  |  |   |  |  |  |
| 2.                           | Travel Destination(s):   |  |   |  |  |  |
| 3.                           | Date of Departure: Date of Return:   |  |   |  |  |  |
| 4.                           | Name(s) of Traveler(s):  |  |   |  |  |  |
|                              | <i>Note</i> : You may list more than one traveler on a form only if <i>all</i> information is <i>identical</i> for each person listed. |  |   |  |  |  |
| 5.                           | Actual amount of expenses paid on behalf of, or reimbursed to, each individual named in Question 4:                                    |  |   |  |  |  |
|                              |  | Total <b>Transportation</b> Expenses   | Total <b>Lodging</b> Expenses   | Total Meal<br>Expenses   | Total Other Expenses<br>(dollar amount per item<br>and description)  |  |
|                              | Traveler   |  |   |  |  |  |
|                              | Accompanying<br>Family Member  |  |   |  |  |  |
|                              | Signify statement i  | s true by checking box.  |   | •  | er diem or lump sum payment.   |  |
| I ce                         | rtify that the infor   | mation contained in this   | form is true, compl   | lete, and correct to   | o the best of my knowledge.  |  |
| Sign                         | nature:///   | . Tap De   |   | Date   | e:   |  |
| Name:                        |  |  |   | Title  | Title:   |  |
| Org                          | ganization:  |  |   |  |  |  |

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

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

Address:

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