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, by email at gifttravelreports@mail.house.gov, 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: John Harry 2. a. Name of Accompanying Relative: b. Relationship to Traveler: Spouse Child Other (specify): 3. a. Dates: Departure: 04/17/2023 Return: 04/20/2023 b. Dates at Personal Expense, if any:

OR None

4. Departure City: Washington, D.C Destination: Chicago, IL Return City: Washington, 5. Sponsor(s), Who Paid for the Trip: HIMSS 6. Describe Meetings and Events Attended: Met with several IT vendors in the Federal Health IT field to discuss the future of health IT and ongoing projects. Attended several HIMSS session on change management, privacy, patient-centered technology, etc., participated in a panel on Congressional priorities for health IT and a roundtable discussion on health IT and the Tribes. 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 Additional Sponsor Form(s); 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: I attended most of the sessions on my agenda, but swaped out a few that were not on the agenda that seemed more pertinent or critical to my work. I certify that the information contained on this form is true, complete, and correct to the best of my knowledge. Date: 05/02/2023 Signature of Traveler:_ 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: Mark Takano Date: 05/02/2023

Signature of Supervising Member: Mark Jalany

Version date 3/2021 by 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.

| 110 | 12. White of knows | ing misrepresentations on th | • | | | ± - |
|-----------------------|---|---|----------------------------------|---|----------------|---|
| 1. | Sponsor(s) who paid for the trip: Health Information and Management Systems Society (HIMSS) | | | | | |
| 2. | Travel Destination(s): Chicago, IL | | | | | |
| 3. | Date of Departure | : 04/17/2023 | Date of | Return: <u>04/2</u> | 20/2023 | 3 |
| 4. | | | | | | |
| | <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. | | | | | <i>al</i> for each person listed. |
| 5. | Actual amount of | 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 | \$534.39 | \$393.00 | \$99.60 | | |
| | Accompanying Family Member | | | | | |
| 6. | | connected to the trip were is true by checking box. | for actual costs incu | irred and not | a per d | iem or lump sum payment. |
| I ce | ertify that the infor | mation contained in this | form is true, compl | ete, and corre | ect to tl | he best of my knowledge. |
| | • | | gitally signed by Thoma | s M. Leary | | , , |
| Sig | nature: TIIOIII | as M. Leary | te: 2023.04.26 10:22:28 | 8 -04'00' | Date: C | 04/26/2023 |
| Name: Thomas M. Leary | | | | Title: Senior Vice President Government Relations | | |
| 0 == | ranization. Health | Information and Manager | nent Systems Socie | atv (HIMSS) | | |
| | | | | | | |
| Ш | I am an officer of | the above-named organize | ation. Signify staten | nent is true by | y check | ing box. |
| Ad | dress: 4300 Wilson | n Boulevard, Arlington, VA | 22203-4168 | | | |
| - | 11. 4 1 | | | m t | | 74 004 0400 |
| Em | ail: tom.leary@hir | mss.org | | Telepl | hone: <u>5</u> | 571-331-2486 |

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.

TRAVELER FORM

This form should be completed by House Members, officers, or employees seeking Committee approval of privately-sponsored travel or reimbursement for travel under House Rule 25, clause 5. The completed form should be submitted directly to the Committee by each invited House Member, officer, or employee, together with the completed and signed trip sponsor form(s) and any attachments. A copy of this form, minus this initial page, will be made available for public inspection. This form and any attachments may be delivered to the Committee at 1015 Longworth or e-mailed to travel.requests@mail.house.gov.

Your completed request must be submitted to the Committee no less than 30 days before your proposed departure date. Absent exceptional circumstances, permission will not be granted for requests received less than 30 days before the trip commences. You must receive explicit approval from the Committee before you depart on this trip.

| Name of Traveler: John Harry |
|--|
| NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001. |
| I certify that the information contained on both pages of this form is true, complete, and correct to the best of my knowledge. |
| Signature: |
| Name of Signatory (if other than traveler): |
| For Staff (name of employing Member or Committee): House Veterans Affairs Committee |
| Office Address: 550 Cannon House Office Building |
| Telephone Number: 202.225.9756 |
| Email Address of Contact Person: john.harry@comcast.net |
| Check this box if the sponsoring entity is a media outlet, the purpose of the trip is to make a media appearance sponsored by that entity, <i>and</i> these forms are being submitted to the Committee less than 30 days before the trip departure date. |

NOTE: You must complete all of the contact information fields above, as Committee staff may need to contact you if additional information is required.

KEEP A COPY OF THIS FORM. Page 2 (but not this page) must be submitted to the Clerk as part of the post-travel disclosure required by House Rule 25. Travel Regulation § 404(d) also requires you to keep a copy of all request forms and supporting paperwork for three subsequent Congresses from the date of travel.

If there are any questions regarding this form, please contact the Committee on Ethics at 202-225-7103 or via e-mail: *travel.requests@mail.house.gov*.

TRAVELER FORM

| 1. | Name of Traveler: John Harry |
|-----------|--|
| 2. | Sponsor(s) who will be paying or providing in-kind support for the trip: |
| | Healthcare Information and Management Systems Society (HIMSS) |
| 3. | City and State OR Foreign Country of Travel : Chicago, I L |
| 4. | a. Date of Departure: 4/17/2023 Date of Return: 4/20/2023 |
| | b. Yes No Will you be extending the trip at your personal expense? |
| | If yes, list dates at personal expense: |
| 5. | a. Yes No Will you be accompanied by a family member at the sponsor's expense? If yes: |
| | (1) Name of Accompanying Family Member: |
| | (2) Relationship to Traveler: Spouse Child Other (specify): |
| | (3) Yes No Accompanying Family Member is at least 18 years of age: |
| 6. | a. Yes No Did the trip sponsor answer "Yes" to Question 8(c) on the <i>Primary Trip Sponsor Form</i> (i.e., travel is sponsored by an entity that employs a registered federal lobbyist or a foreign agent)? |
| | b. If yes, and you are requesting lodging for two nights, explain why the second night is warranted: |
| 7. | Yes No Primary Trip Sponsor Form is attached, including agenda, invitee list, and any other attachments and Additional Sponsor Forms. |
| | NOTE: The agenda should show the traveler's individual schedule, including departure and arrival times and identify the specific events in which the traveler will be participating. |
| 8. | Explain why participation in the trip is connected to the traveler's individual official or representational duties. Staff should include their job title and how the activities on the itinerary relate to their duties. I am the House Veterans Affairs Committee's Democratic Professional Staff Member who conducts oversight of the Department of Veterans Affairs' healthcare informations system and electronic health records (EHRs). This conference will further my knowledge of the current and future state of health care information technology and improve my ability to conduct oversight of VA and advice the Members on what is possible. |
| 9. | Yes No Is the traveler aware of any registered federal lobbyists or foreign agents involved planning, organizing, requesting, or arranging the trip? |
| 10 | . For staff travelers, to be completed by your employing Member: |
| | ADVANCED AUTHORIZATION OF EMPLOYEE TRAVEL |
| di tra | nereby authorize the individual named above, an employee of the U.S. House of Representatives who works under my rect supervision, to accept expenses for the trip described in this request. I have determined that the above-described avel is in connection with my employee's official duties and that acceptance of these expenses will not create the pearance that the employee is using public office for private gain. |
| Sig | gnature of Employing Member Date03/17/2023 |

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 website (ethics.house.gov) provides detailed instructions for filling out the form.

| | TE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001. clure to comply with the Committee's Travel Regulations may also lead to the denial of permission to sponsor future trips. |
|----|--|
| 1. | 1 7 0 1 |
| | 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 <i>Signify that the statement is true by checking box.</i> |
| 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 <i>and</i> employees you are inviting. For each House invitee, provide an explanation of why the individual was invited (include additional pages if necessary): |
| | See additional information. |
| 5. | Yes No Is travel being offered to an accompanying family member of the House invitee(s)? |
| 6. | Date of departure: See additional information, Conference starts 4/17 Date of return: See additional information, conference ends 4/21 |
| 7. | a. City of departure: Washington, DC |
| | b. Destination(s): Chicago, IL |
| | c. City of return: Washington, DC |
| 8. | Check only one. I represent that: |
| | 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 <i>and</i> lobbyist / foreign agent involvement in planning, organizing, requesting, or arranging the trip was <i>de minimis</i> under the Committee's travel regulations. |
| 9. | Check only one of the following: |
| | a. I checked 8(a) or (b) above; OR |
| | b. I checked 8(c) above but am not offering any lodging; OR |
| | 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 you checked this box, explain why the second night of lodging is warranted: |

| 10. | Attached is a detailed agenda of the activit hourly description of planned activities for | | | | |
|-----|---|--|-------------------------------------|--|--|
| 11. | Check only one of the following: a. I represent that a registered federal lobby on any segment of the trip. Signify that the sta | | | | |
| | b. Not Applicable. Trip sponsor is a U.S. in: | stitution of higher education. | | | |
| 12. | For <i>each</i> sponsor required to submit a sponsor trip <i>and</i> its role in organizing and/or conduction | 1 | est in the subject matter of the | | |
| | HIMSS develops, organizes and cond leading healthcare conference, bringin community, including healthcare provigovernment representatives. | ng together thought leaders fr | om across the healthcare | | |
| 13. | Answer parts a and b. Answer part c if necess | sary: | | | |
| | a. Mode of travel: Air Rail Bus | Car Other (specify: |) | | |
| | b. Class of travel: Coach Business | | | | |
| | c. If travel will be first class, or by chartered or | | - | | |
| | ■ 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 the box. Check only one. I represent that either: 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 <i>per day</i> of meals (approximate cost may be provided): | | | | |
| | 2) Provide the reason for selecting the locat | • | | | |
| 16. | Name, nightly cost, and reasons for selecting e | | 0 7 17 1 121 | | |
| | Hotel Name: Hilton Chicago | City: Clicago, IL | Cost Per Night: 131 | | |
| | Reason(s) for Selecting: See additional information | | | | |
| | Hotel Name: | | | | |
| | Reason(s) for Selecting: | | | | |
| | Hotel Name: | | | | |
| | Reason(s) for Selecting: | | | | |
| 17. | I represent that all expenses connected to t | the trip will be for actual costs incu | rred and not a per diem or lump sum | | |

payment. Signify that the statement is true by checking the box.

18. Total Expenses for each Participant:

| Actual Amounts Good Faith Estimates | Total Transportation Expenses per Participant | Total Lodging Expenses per Participant | Total Meal Expenses per Participant |
|--|--|---|--|
| For each Member, Officer, or Employee | \$450 airfare/Uber | See additional information | See additional information |
| For each Accompanying Family Member | | | |

| | 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 | See additional information | See additional information |
| For each Accompanying Family Member | | |

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

19. Check only one:

a. I certify that I am an officer of the organization listed below; OR

b. Not Applicable. Trip sponsor is an individual or a U.S. institution of higher education.

20. I certify by my signature that

- a. I read and understand the Committee's Travel Regulations;
- b. I am not a registered federal lobbyist or registered foreign agent; and
- c. The information on this form is true, complete, and correct to the best of my knowledge.

| Signature: Thomas M. Leary | Digitally signed by Thomas M. Leary Date: 2023.03.13 12:07:09 -04'00' | Date: | 03/13/2023 |
|------------------------------|---|--------|---|
| Name: Thomas M. Leary | | Title: | Senior Vice President, Government Relations |
| Organization: HIMSS | | | |
| Address: 4300 Wilson Bouleva | rd, Arlington, VA 22203 | | |
| Email: tom.leary@himss.org | | | (703) 562-8814 |

INSTRUCTIONS

Complete the *Primary Trip Sponsor Form* and submit the agenda, invitation list, any attachments, and any *Additional Trip Sponsor Forms* directly to the Travelers.

Written approval from the Committee on Ethics is required before traveling on this trip. The Committee on Ethics will notify the House invitees directly and will not notify the trip sponsors.

Willful or knowing misrepresentation on this form may be subject to criminal prosecution under 18 U.S.C. § 1001. Signatures must comply with section 104(bb) of the Travel Regulations.

For questions, please contact the Committee on Ethics at:

Michael Guest, Mississippi Chairman Susan Wild, Pennsylvania Ranking Member

David P. Joyce, Ohio John H. Rutherford, Florida Andrew R. Garbarino, New York Michelle Fischbach, Minnesota

Veronica Escobar, Texas Mark DeSaulnier, California Deborah K. Ross, North Carolina Glenn F. Ivey, Maryland



ONE HUNDRED EIGHTEENTH CONGRESS

U.S. House of Representatives

COMMITTEE ON ETHICS

Thomas A. Rust

Staff Director and Chief Counsel

Kelle A. Strickland

Counsel to the Chairman

David Arrojo Counsel to the Ranking Member

1015 Longworth House Office Building Washington, D.C. 20515-6328 Telephone: (202) 225-7103 Facsimile: (202) 225–7392

April 13, 2023

Mr. Jonathan Harry Committee on Veterans' Affairs 550 Cannon House Office Building Washington, DC 20515

Dear Mr. Harry:

Pursuant to House Rule 25, clause 5(d)(2), the Committee on Ethics hereby approves your proposed trip to Chicago, Illinois, scheduled for April 17 to 20, 2023, sponsored by Healthcare Information and Management Systems Society (HIMSS).

You must complete an Employee Post-Travel Disclosure Form (which your employing Member must also sign) and file it, together with a Sponsor Post-Travel Disclosure Form completed by the trip sponsor, with the Clerk of the House within 15 days after your return from travel. As part of that filing, you are also required to attach a copy of this letter and both the Traveler and Primary Trip Sponsor Forms (including attachments) you previously submitted to the Committee in seeking pre-approval for this trip. If you are required to file an annual Financial Disclosure Statement, you must also report all travel expenses totaling more than \$480 from a single source on the "Travel" schedule of your annual Financial Disclosure Statement covering this calendar year. Finally, Travel Regulation § 404(d) also requires you to keep a copy of all request forms and supporting information provided to the Committee for three subsequent Congresses from the date of travel.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-7103.

Sincerely,

Michael Guest

Chairman

Susan Wild Ranking Member

usali)

MG/SW:amr

Additional Information

Date of departure

Monday 4/17- John Harry, Cameryn Blackmore, William Mallison

Tuesday 4/18- Jacquelyn Incerto

Wednesday 4/19- Jay Gulshen

Date of return

Thursday 4/20- John Harry, Cameryn Blackmore, William Mallison

Friday 4/21- Jacquelyn Incerto, Jay Gulshen

List of Congressional Invites

Every congressional invitee to HIMSS23 plays a pivotal role in developing healthcare and health IT policy in the House of Representatives, and we believe they stand to benefit greatly from the educational sessions and speakers presenting at our conference. In addition to the education sessions, the conference provides the opportunity to interact with, and learn about, real-world applications of healthcare technologies, and hear how policy impacts the use of technologies that improve care, expand access, and lower healthcare costs.

House of Representatives Invitees:

- Rep. Underwood (Will call in virtually)
- Rep. Davis
- Bill Mallison (VA Committee) (Accepted)
- Casey Quinn (Ways and Means Committee) (Accepted)
- Jay Gulshen (Ways and Means Committee) (Accepted)
- Jacquelin Incerto (Rep. Burgess) (Accepted)
- Cameryn Blackmore (Rep. Sewell) (Accepted)
- John Harry (VA Committee) (Accepted)
- Sara Levin (Ways and Means Committee)
- Sam West (Rep. Kelly)
- Parker Chapman (VA Committee)
- Tim Brennen (VA Committee)
- Jack DiMatteo (Rep. Underwood)
- Gordon Holzberg (Rep. Adams)
- Caleb Williamson (Rep. Davis)
- Rachel Dolin (Ways and Means Committee)
- Una Lee (Energy and Commerce Committee)
- Grace Graham (Energy and Commerce Committee)
- Crozer Connor (Rep. Thompson)
- Jackie Weinrich (Rep. Matsui)
- Abe Friedman (Rep. DelBene)

- Kate Schisler (Rep. Beyer)
- Chelsey Rice-Davis (Rep. Schrier)
- Alicia Bissonnette (Rep. Schrier)
- David Michols (Rep. Griffith)
- Amber Ray (Rep. Blunt Rochester)
- Chad Michaels (Rep. Schweikert)

Reason(s) for Selecting Hotels

HIMSS seeks bids from local hotels and negotiates with hotels adjacent to the convention center and conference center where HIMSS23 is held. Contracts are based on price, location, accessibility, and availability of rooms to accommodate congressional staff.

Total Expenses for each Participant:

Total lodging expenses per participant (\$131/night)

- John Harry- \$393
- Cameryn Blackmore- \$393
- William Mallison- \$393
- Jacquelyn Incerto-\$393
- Jay Gulshen- \$262

Total meal expenses per participant (up to \$79/day, with receipts sent in for reimbursement)

- John Harry- up to \$237
- Cameryn Blackmore- up to \$237
- William Mallison- up to \$237
- Jacquelyn Incerto- up to \$237
- Jay Gulshen- up to \$158

Other Expenses

- Government Conference Registration- waived \$925 per individual
 - o Staff: William Mallison, Jacquelyn Incerto, Jay Gulshen, John Harry, Cameryn Blackmore
- Staff in town on 4/17 also are offered access to preconference special forums- waived \$400 per individual
 - Staff: John Harry, Cameryn Blackmore
 - Total waived registration for John Harry, Cameryn Blackmore: \$1,325