

# 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 by email at [gifttravelreports@mail.house.gov](mailto: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: ~~Taylor Haussee~~ TAYLOR HAUSSEE
2. a. Name of Accompanying Relative: \_\_\_\_\_ **OR**  None  
b. Relationship to Traveler:  Spouse  Child  Other (specify): N/A
3. a. Dates: Departure: 2/7/24 Return: 2/9/24  
b. Dates at Personal Expense, if any: N/A **OR**  None
4. Departure City: DC Destination: Chesapeake Return City: DC
5. Sponsor(s), Who Paid for the Trip: CI
6. Describe Meetings and Events Attended: All
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 certify that the information contained on this form is true, complete, and correct to the best of my knowledge.**

Signature of Traveler:  Date: 2/23/24

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: Speaker Johnson Date: 2/23/24

Signature of Supervising Member: 

# 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 in the trip within 10 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 or provided in-kind support for the trip: Congressional Institute

2. Travel Destination(s): Cambridge, MD

3. Date of Departure: February 7, 2024 Date of Return: February 9, 2024

4. Name(s) of Traveler(s): see attached list

*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	n/a	\$371.54	\$186.21	\$569.37 - Room Rental
Accompanying Family Member	n/a	n/a	n/a	n/a

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: Brenda L. Becker Date: February 15, 2024

Name: Brenda Becker Title: Chair

Organization: Congressional Institute

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

Address: 1700 Diagonal Road #300, Alexandria, VA 22314

Telephone: 703-837-8812 Email: amym@conginst.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.



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 activities House invitees will be participating in during the travel (i.e., an hourly description of planned activities for trip invitees). *Indicate agenda is attached by checking box.*

11. **Check only one of the following.**

- a.  I represent that a registered federal lobbyist or foreign agent will not accompany House Members or employees on any segment of the trip. *Signify the statement is true by clicking the box;* **OR**
- b.  *Not Applicable.* Trip sponsor is a U.S. institution of higher education.

12. For **each** sponsor required to submit a sponsor form, describe the sponsor's interest in the subject matter of the trip **and** its role in organizing and/or conducting the trip:

See addendum

13. **Answer parts a and b. Answer part c if necessary:**

- a. Mode of travel: Air  Rail  Bus  Car  Other  (specify: \_\_\_\_\_)
- b. Class of travel: Coach  Business  First  Charter  Other  (specify: \_\_\_\_\_)
- c. If travel will be first class, or by chartered or private aircraft, explain why such travel is warranted:

14.  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 box.*

15. **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 *per day* of meals (approximate cost may be provided): \_\_\_\_\_  
Day 1 - \$68, Day 2 - \$92, Day 3 - \$23

2) Provide the reason for selecting the location of the event or trip: \_\_\_\_\_  
Relative proximity to DC and capacity to handle a large event

16. Name, nightly cost, and reasons for selecting each hotel or other lodging facility:

Hotel Name: Hyatt Regency Chesapeake Bay City: Cambridge, MD Cost Per Night: \$159 +taxes

Reason(s) for Selecting: proximity to DC, availability, security & facility size

Hotel Name: \_\_\_\_\_ City: \_\_\_\_\_ Cost Per Night: \_\_\_\_\_

Reason(s) for Selecting: \_\_\_\_\_

Hotel Name: \_\_\_\_\_ City: \_\_\_\_\_ Cost Per Night: \_\_\_\_\_

Reason(s) for Selecting: \_\_\_\_\_

17.  I represent that all expenses connected to the trip will be for actual costs incurred 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:**

<input type="checkbox"/> Actual Amounts <input checked="" type="checkbox"/> Good Faith Estimates	Total <b>Transportation</b> Expenses per Participant	Total <b>Lodging</b> Expenses per Participant	Total <b>Meal</b> Expenses per Participant
For each Member, Officer, or Employee	\$107	\$348	\$183
For each Accompanying Family Member	\$107	n/a	\$183


	<b>Other</b> Expenses (dollar amount per item)	Identify Specific Nature of "Other" Expenses (e.g., taxi, parking, registration fee, etc.)
For each Member, Officer, or Employee	\$680	Room Rental
For each Accompanying Family Member	\$680	Room Rental

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:  Date: 12-14-2023  
 Name: Brenda Becker Title: Chair  
 Organization: Congressional Institute  
 Address: 1700 Diagonal Road #300, Alexandria, VA 22314  
 Email: amym@conginst.org Telephone: 703-837-8812

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