



U.S. House of Representatives
COMMITTEE ON ETHICS

EMPLOYEE POST-TRAVEL DISCLOSURE FORM [X] 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: Ahmed Elsayed
2. a. Name of Accompanying Relative: OR None
b. Relationship to Traveler: Spouse Child Other (specify)
3. a. Dates: Departure: 02/19/2024 Return: 02/23/2024
b. Dates at Personal Expense, if any: OR None
4. Departure City: Dulles, VA Destination: Mexico City Return City: Dulles, VA
5. Sponsor(s), Who Paid for the Trip: Center Forward
6. Describe Meetings and Events Attended: Attended all the meeting and events on the schedule. We met with private corporations including, Amazon, GM, 3M, American Chamber, Meta, and MasterCard. We also met with the Office of Economic Development and US Embassy in Mexico.
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: [Handwritten Signature] Date: 02/26/2024

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: Congressman Tony Cardenas Date: 02/26/2024

Signature of Supervising Member: [Handwritten Signature: Tony Cardenas]

# 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: \_\_\_\_\_

2. Travel Destination(s): \_\_\_\_\_

3. Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_

4. Name(s) of Traveler(s): \_\_\_\_\_

*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				
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: R. G. Kill Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

*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.