

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, 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: _____
2. a. Name of Accompanying Relative: _____ **OR** None
b. Relationship to Traveler: Spouse Child Other (specify): _____
3. a. Dates: Departure: _____ Return: _____
b. Dates at Personal Expense, if any: _____ **OR** None
4. Departure City: _____ Destination: _____ Return City: _____
5. Sponsor(s), Who Paid for the Trip: _____
6. Describe Meetings and Events Attended: _____

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: Pragneya Sharma Date: _____

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: _____ Date: _____

Signature of Supervising Member: Ani B

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: Alliance to End Hunger

2. Travel Destination(s): North Kingston Rhode Island

3. Date of Departure: 7/18/2025 Date of Return: 7/18/2025

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	*see attached	N/A	*see attached	N/A
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: Eric P. Mitchell Date: 7/29/2025

Name: Eric Mitchell Title: President

Organization: Alliance to End Hunger

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

Address: 425 3rd Street SW, Suite 1200, Washington, DC 20024

Telephone: 202-491-7819 Email: emitchell@alliancetoendhunger.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.

Alliance to End Hunger/Edesia Nutrition Congressional Staff Delegation July 18, 2025

First Name	Last Name	Flights	Other expences
Alex	Fink	\$774.33	
Michaelah	Ward	\$492.83	
Pragneya	Sharma	\$492.83	
Daniel	Feingold	\$774.33	
Christina	Tsafoulis	\$488.53	
Spencer	Collins	\$488.53	
Jacob	DePeralta	\$492.83	
Car service			\$686.19
Lunch service			\$541.60
Snacks & drinks etc			\$119.92
Other Expenses Total			\$1,347.71

Lunch:

Order Details	
5 Chicken Avocado Ranch Bowl @ \$13.75	\$68.75
5 Chicken Pesto Parm Bowl @ \$13.75	\$68.75
5 Harvest Bowl @ \$13.45	\$67.25
4 Super Green Goddess Salad @ \$10.55	\$42.20
3 Guacamole Greens Salad @ \$13.75	\$41.25
3 Hummus Crunch Salad @ \$13.25	\$39.75
3 Kale Caesar Salad @ \$12.45	\$37.35
2 Shroomami Bowl @ \$12.45	\$24.90
<hr/>	
Subtotal	\$390.20
Delivery Fee	\$39.02
8.0% Sales Tax	\$34.34
Tip for Driver/Catering Staff	\$78.04
Total	\$541.60

Shuttle:

Sentinel Limousine Ltd., Inc.
 101 Hallene Road
 Warwick, RI, 02888
 401-434-2700 Fax: 401-434-
 PMV 150
 Toll Free: 866-925-5466

Company: Edesia Inc
 Requestor: Birmingham, L
 Address: RI
 Home #
 Fax #

Passenger (s): (13pax) Liz
 Pick Up Date: 7/18/2025
 Pick Up Time: 11:46AM

Pick Up: PVD - RI T.F.
 Drop Off: Edesia Nutritic
 Drop Off: PVD - RI T.F.
 Flight Info: Airport / Rail S
 PVD - Rhode Is
 Meeting Proce:
 PVD - Rhode Is

Billing Type: Master Card
 Account #: XXXXXXX781
 Acct. Name: Mindy Wright
 Address:
 Deposit(s):

Flights:

English Search AA.com® Log in

Your trip is booked
 We'll email your confirmation shortly. Thanks for choosing American Airlines.

Your trip to Providence, RI \$774.37
 Record Locator: **WVGBMZ** Trip name: **DCA/PVD**

DEPART
DCA to PVD
 Fri, Jul 18, 2025
 10:09 AM → 11:46 AM
 Includes travel operated by Psa Airlines As American Eagle

RETURN
PVD to DCA
 Fri, Jul 18, 2025
 5:21 PM → 7:05 PM
 Includes travel operated by Psa Airlines As American Eagle

View trip details, request upgrades, change seats and more.
[Manage your trip](#)

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Your trip is booked
 We'll email your confirmation shortly. Thanks for choosing American Airlines.

Your trip to Providence, RI \$774.37
 Record Locator: **WVGBMZ** Trip name: **DCA/PVD**

Trip Charges and a

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Your trip is booked
 We'll email your confirmation shortly. Thanks for ch

Your trip to Providence, RI
 Record Locator: **WVGBMZ** Trip name: **DCA/PVD**

DEPART
DCA to PVD
 Fri, Jul 18, 2025
 10:09 AM → 11:46 AM
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RETURN
PVD
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DEPART
DCA to PVD

Fri, Jul 18, 2025
10:09 AM → 11:46 AM

Includes travel operated by Psa Airlines As American Eagle

RETURN
PVD to DCA

Fri, Jul 18, 2025
5:21 PM → 7:05 PM

Includes travel operated by Psa Airlines As American Eagle

View trip details, request upgrades, change seats and more.

[Manage your trip](#)

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Travel information
AAdvantage®

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Log in

Your trip is booked

We'll email your confirmation shortly. Thanks for choosing American Airlines.

Your trip to Providence, RI

Record Locator: **WVGBMZ** Trip name: **DCA/PVD**

\$774.3

DEPART
DCA to PVD

Fri, Jul 18, 2025
10:09 AM → 11:46 AM

Includes travel operated by Psa Airlines As American Eagle

RETURN
PVD to DCA

Fri, Jul 18, 2025
5:21 PM → 7:05 PM

Includes travel operated by Psa Airlines As American Eagle

View trip details, request upgrades, change seats and more.

[Manage your trip](#)

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Travel information
AAdvantage®

English ▾

Log in

Your trip is booked

We'll email your confirmation shortly. Thanks for choosing American Airlines.

Your trip to Providence, RI

Record Locator: **WYCGXA** Trip name: **DCA/PVD**

\$488.5

DEPART
DCA to PVD

Fri, Jul 18, 2025
10:09 AM → 11:46 AM

Includes travel operated by Psa Airlines As American Eagle

RETURN
PVD to DCA

Fri, Jul 18, 2025
5:21 PM → 7:05 PM

Includes travel operated by Psa Airlines As American Eagle

View trip details, request upgrades, change seats and more.

[Manage your trip](#)

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Travel information
AAdvantage®

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Log in

Your trip is booked

We'll email your confirmation shortly. Thanks for choosing American Airlines.

Your trip to Providence, RI

Record Locator: **WYCGXA** Trip name: **DCA/PVD**

\$488.5

DEPART
DCA to PVD

RETURN
PVD to DCA

View trip details, request upgrades, change seats and more.

Your trip is booked

We'll email your confirmation shortly. Thanks for choos

Your trip to Providence, RI

Record Locator: **HYZIUJ** Trip name: **DCA/PVD**

DEPART
DCA to PVD

Fri, Jul 18, 2025
10:09 AM → 11:46 AM

Includes travel operated by Psa Airlines As American Eagle

RETURN
PVD to DC

Fri, Jul 18, 2025
5:21 PM → 7:05 PM

Includes travel operat As American Eagle

Your trip to Providence, R

Record Locator: **MJLND** Trip name: **DCA/PVD**

DEPART
DCA to PVD

Fri, Jul 18, 2025
10:09 AM → 11:46 AM

Includes travel operated by Psa Airlines As American Eagle

RETURN
PVC

Fri, Jul
5:21 P

Include: Airlines

Your trip is booked

We'll email your confirmation shortly. Thanks for choos

Your trip to Providence, RI

Record Locator: **HYZIUJ** Trip name: **DCA/PVD**

DEPART
DCA to PVD

Fri, Jul 18, 2025
10:09 AM → 11:46 AM

Includes travel operated by Psa Airlines As American Eagle

RETURN
PVD to DC

Fri, Jul 18, 2025
5:21 PM → 7:05 PM

Includes travel operat As American Eagle

Fri, Jul 18, 2025

10:09 AM → 11:46 AM

Includes travel operated by PSA Airlines AS American Eagle

Fri, Jul 18, 2025

5:21 PM → 7:05 PM

Includes travel operated by PSA Airlines AS American Eagle

Manage your trip

MAX'S FLIGHT INVOICED SEPERATELY:

Main

Round trip (non-refundable)

\$810 per person

Total \$809.98 (all passengers)

Includes taxes and carrier-imposed fees

[Price and tax information](#)

[Bag and optional fees](#)

Make my trip refundable

No change fees; cancel any time

Round trip

+\$217 per person

[Make it refundable](#)

DEPART

Washington, DC to Providence, RI

Friday, July 18, 2025

DCA PVD

10:09 AM → 11:46 AM 1h 37m Nonstop Main

AA5320 • CR7-Canadair RJ 700 • Operated by PSA Airlines as American Eagle

[Details](#) | [Change](#)

RETURN

Providence, RI to Washington, DC

Friday, July 18, 2025

PVD DCA

5:21 PM → 7:05 PM 1h 44m Nonstop Main

AA5154 • CR7-Canadair RJ 700 • Operated by PSA Airlines as American Eagle

[Details](#) | [Change](#)

Snacks & Drinks:

2701 **SENTINEL** LIMOUSINE ELITE SERVICE WORLDWIDE

Confirmation **295973**
 www.sentinelimo.com
 info@sentinelimo.com

Transportation Confirmation

*ASK US ABOUT OUR WORLDWIDE RESERVATION NETWORK! Like on Facebook
<http://www.facebook.com/pages/Sentinel-Limousine-Coach/73968227397>

Your PO # _____
 Dept. # _____
 Chauffeur _____
 Chauff Cell # _____
 Vehicle Tag # _____
 Vehicle Info _____ - Passenger Van

Office # _____
 Mobile # (617) 470-7049

Pick Up & Drop Off Information

a Birmingham m: (617) 470-7049 Occasion _____
 Drop Off Date 7/18/25 Vehicle Type Passenger Van
 Drop Off Time 4:00 PM
 Vehicle Desc _____

Green International Airport 2000 Post Rd Warwick RI 02886 USA Phone: (800)433-7300
 on 550 Romano Vineyard Way North Kingstown RI 02852 USA

Green International Airport 2000 Post Rd Warwick RI 02886 USA

Station	Airline / Rail	Flight / Train #	Terminal	Time	Flight Status	Origin / Dest
stand T.F. Green I	AA - American	5320		11:46 AM	ARRIVE	DCA
stand T.F. Green I	AA - American	5154		5:21 PM	DEPART	DCA

Billing & Rate Information (Garage To Garage)

Hourly Rate		4.23 hr(s) x \$120.00 per hr = \$507.60
13	Exp: 10/2027	
	Base Trip Charges	\$507.60
	Recommended Tip: 18%	\$91.37
	Additional Charges	\$81.22
	STC	\$81.22
	PVD Access Fee	\$6.00
Trip Total		\$686.19
Deposit		\$0.00
Total Due		\$686.19

Additional fees are estimated and subject to final audit upon completion of reservation. Please see page 2 for

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Travel information AAdvantage® Log In

Joining American Airlines.

\$774.37

to DCA

3, 2025
 → 7:05 PM

Travel operated by Psa Airlines As Eagle

View trip details, request upgrades, change seats and more.

Manage your trip



ing American Airlines.

\$492.8

Feedback

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View trip details, request upgrades,
change seats and more.

Manage your trip

11

\$492.83

11

to DCA

18, 2025

M → 7:05 PM

is travel operated by Psa
As American Eagle

View trip details, request
upgrades, change seats and
more.

Manage your trip

Feedback

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\$492.8

Feedback

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ted by Psa Airlines

View trip details, request upgrades,
change seats and more.

Manage your trip

COMMITTEE ON ETHICS

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 submitted at 1015 Longworth House Office Building or 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: Pragneya Sharma

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: Pragneya Sharma

Name of Signatory (if other than traveler): _____

For Staff (name of employing Member or Committee): Ami Bera

Office Address: 172 Cannon House Office Building

Telephone Number: 2022255716

Email Address of Contact Person: pragneya.sharma@mail.house.gov

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, and 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 email: travel.requests@mail.house.gov.

COMMITTEE ON ETHICS

TRAVELER FORM

1. Name of Traveler: Pragneya Sharma
2. Sponsor(s) who will be paying or providing in-kind support for the trip: Alliance to End Hunger, Eleanor Crook Foundation, and Edesia Nutrition
3. City and State **OR** Foreign Country of Travel: North Kingstown, Rhode Island
4. a. Date of Departure: July 18 Date of Return: July 18
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 *Primary Trip Sponsor Form* (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, invitation, 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 a Legislative Assistant in Congressman Bera's office who works specifically on foreign affairs and global health issues. Congressman Bera has been advocating for RUTF the past couple of years as he is a doctor and is on the House Foreign Affairs Committee. I have worked on appropriations, advocating to staff and members, and committee talking points/questions for Congressman Bera in relation to RUTF. I have met with Edesia and Eleanor Crook Foundation to talk about how we can best support their efforts especially after the President's EOs and their affect on Edesia and the manufacturing of RUTF. I would like to visit the site in person to see how RUTF is made, distributed, and how the EO has affected their work. This will ensure that I prepare my boss accordingly for future committee activities as well as when he speaks to other members and stakeholders about Edesia and RUTF.

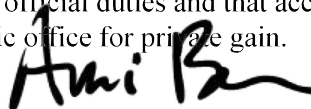
9. **Yes No Is the traveler aware of any registered federal lobbyists or foreign agents involved in planning, organizing, requesting, or arranging the trip?**

10. For staff travelers, to be completed by your employing Member:

ADVANCED AUTHORIZATION OF EMPLOYEE TRAVEL

I hereby authorize the individual named above, an employee of the U.S. House of Representatives who works under my direct supervision, to accept expenses for the trip described in this request. I have determined that the above-described travel is in connection with my employee's official duties and that acceptance of these expenses will not create the appearance that the employee is using public office for private gain.

Signature of Employing Member: _____



Date: 07/14/2025

COMMITTEE ON ETHICS

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's website (ethics.house.gov) provides detailed instructions for filling out the form. The Committee will notify the House invitees directly of its decision and will not notify the trip sponsors.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001. Failure to comply with the Committee's Travel Regulations may also lead to the denial of permission to sponsor future trips. Signatures must comply with section 104(bb) of the Travel Regulations.

1. Sponsor who will be paying for the trip:

Alliance to End Hunger

2. I represent that the trip will not be financed, in whole or in part, by a registered federal lobbyist or foreign agent. *Signify that the statement is true by checking box.*

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, services, or in-kind assistance 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: Eleanor Crook Foundation, Edesia Nutrition

4. Provide names and titles of **ALL** House Members *and* employees you are inviting. **For each House invitee, provide an explanation of why the individual was invited (include additional pages if necessary):** _____

*See attached file: "Invitation List Alliance Edesia Staff-Del July 18, 2025."

5. Yes No Is travel being offered to an accompanying family member of the House invitee(s)?

6. Date of Departure: 07-18-2025 Date of Return: 07-18-2025

7. a. City of departure: Washington, DC

b. Destination(s): North Kingston, Rhode Island

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 *and* lobbyist / foreign agent involvement in planning, organizing, requesting, or arranging the trip was *de minimis* 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 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:

The subject matter of the trip is the work of Edesia Nutrition and the critical role it plays in combating global malnutrition, the importance of RUTF, and other essential nutritional products, and how U.S. commodities are instrumental in the work of ending child malnutrition globally. The Alliance to End Hunger is an NGO that educates and advocates on efforts to end hunger and malnutrition. The Eleanor Crook Foundation is focused on scaling up proven, cost-effective solutions to end global malnutrition. Edesia Nutrition produces therapeutic nutritional products to prevent and treat malnutrition around the world and is hosting the staff delegation at our production facility in Rhode Island. The Alliance to End Hunger as the primary sponsor of this staff delegation trip is paying for the transportation and food costs on the trip. Edesia is providing in-kind facility space for the event. The Eleanor Crook Foundation is a financial supporter of both the Alliance to End Hunger and Edesia Nutrition.

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): \$15

2) Provide the reason for selecting the location of the event or trip: _____
 Location of Edesia Nutrition production facility.

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

Hotel Name: _____ City: _____ Cost Per Night: _____

Reason(s) for Selecting: _____

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 Transportation Expenses per Participant	Total Lodging Expenses per Participant	Total Meal Expenses per Participant
For each Member, Officer, or Employee	500	n/a	15
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		
For each Accompanying Family Member		

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: Eric Mitchell Digitally signed by Eric Mitchell
Date: 2025.07.02 15:09:05 -04'00' Date: 6/24/2025

Name: Eric Mitchell Title: President

Organization: Alliance to End Hunger

Address: 425 3rd Street, SW, Washington, DC 20024

Email: emitchell@alliancetoendhunger.org Telephone: 202 491-7819

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

Invitation List

Alliance to End Hunger – Edesia Nutrition Congressional Staff Delegation July 18, 2025

Abby Avery abby_avery@britt.senate.gov

Ace
Acevedo jose.acevedo@lex.inter.edu

Alayna Holt alayna.holt@mail.house.gov

Alec
Daman alec.daman@mail.house.gov

Amber
Bland amber_bland@barrasso.senate.gov

Angelle
Kwemo angelle.kwemo@mail.house.gov

Anna
Schaftel anna_schaftel@mccconnell.senate.gov

Arden
Hooper arden_hooper@cruz.senate.gov

Ashley
Teague ashley.teague@mail.house.gov

Ausan Al-
Eryani ausan_al-eryani@merkley.senate.gov

Autumn
Morley autumn.morley@mail.house.gov

Ben
Donovan ben_donovan@peters.senate.gov

Ben
Lebowitz ben_lebowitz@gillibrand.senate.gov

Ben Rakes benjamin.rakes@mail.house.gov

Brett
Bauman brett_bauman@cornyn.senate.gov

Caroline
Bender caroline.bender@mail.house.gov

Caryn
Hamner caryn_hamner@fischer.senate.gov

Chandler
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**Congressional Staff Delegation to Edesia Nutrition
July 18, 2025**

- 11:30 Flights Land/ Airport Pickup**
- 12:00 Arrival at Edesia**
- 12:30-12:45 Welcome and introductory remarks (15 mins)**
- 12:45-1:25 Factory Tour and Test Kitchen Tasting (40 mins)**
- 1:25-1:35 Bio break and regroup (10 mins)**
- 1:35-2:15 Luncheon Presentations by Staff (45 mins)**
- 2:15- 3:30 Roundtable Discussion (1 hour 15 mins)**
- 3:30 Closing remarks**
- 330- 3:45/4:00 Networking Time**
- 3:45/4:00 Depart for PVD airport**

COMMITTEE ON ETHICS

ADDITIONAL TRIP SPONSOR FORM

This form should be completed by an organization that provides funds, services, or in-kind assistance to another entity to underwrite, in whole or in part, a trip or an event, meal, or activity that will occur during a trip, or a necessary expense that will be incurred during a trip, with express or implicit knowledge or understanding that one or more House Members or employees may participate in or attend that trip or event, or otherwise may be beneficiaries of the gift or donation. **Provide a copy of your completed form to the primary sponsor of the trip.**

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001. Failure to comply with the Committee's Travel Regulations may also lead to the denial of permission to sponsor future trips. Signatures must comply with section 104(bb) of the Travel Regulations.

1. Name of Primary Trip Sponsor for this trip: Alliance to End Hunger
2. Name of your organization: Eleanor Crook Foundation
3. Yes No Is your organization designated a § 501(c)(3) charitable organization by the Internal Revenue Service?
4. Yes No Does your organization receive funding from any foreign government or multinational organization?
5. **Check one.** I certify that my organization:
 - a. Has provided a grant, gift, or donation to the above-named Primary Trip Sponsor and conducts an audit or review of its grant, gift, or donation to ensure that the funds are spent in accordance with the terms of its grant, gift, or donation. **OR**
 - b. Has had a direct role in the organizing, planning, or conducting of a trip to
Destination: _____ on Date: _____
that is being organized or arranged by the above-named Primary Trip Sponsor. **OR**
 - c. Has provided in-kind support to the above-named Primary Trip Sponsor (e.g., meeting planning assistance, meeting space and set-up, and paying for expenses related to this trip directly to the service provider).
6. **Check only one:**
 - a. My organization does not employ or retain a registered federal lobbyist or foreign agent **OR**
 - b. My organization employs a registered federal lobbyist or foreign agent, but their involvement in planning, organizing, or arranging the trip was *de minimis* under the travel regulations.
7. **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;
 - c. I am an officer of this organization and am duly authorized to sign this form; and
 - d. The information on this form is true, complete, and correct to the best of my knowledge.

Signature:  Date: 6/12/2025

Name: Mariana Becerra Title: Director of North American Advocacy

Organization: Eleanor Crook Foundation

Address: 1049 30th St NW, Washington DC

Telephone: 2027660197 Email: mbecerra@eleanorcrookfoundation.org

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

COMMITTEE ON ETHICS

ADDITIONAL TRIP SPONSOR FORM

This form should be completed by an organization that provides funds, services, or in-kind assistance to another entity to underwrite, in whole or in part, a trip or an event, meal, or activity that will occur during a trip, or a necessary expense that will be incurred during a trip, with express or implicit knowledge or understanding that one or more House Members or employees may participate in or attend that trip or event, or otherwise may be beneficiaries of the gift or donation. **Provide a copy of your completed form to the primary sponsor of the trip.**

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001. Failure to comply with the Committee's Travel Regulations may also lead to the denial of permission to sponsor future trips. Signatures must comply with section 104(bb) of the Travel Regulations.

1. Name of Primary Trip Sponsor for this trip: Alliance to End Hunger
2. Name of your organization: Edesia Nutrition
3. Yes No Is your organization designated a § 501(c)(3) charitable organization by the Internal Revenue Service?
4. Yes No Does your organization receive funding from any foreign government or multinational organization?
5. **Check one.** I certify that my organization:
 - a. Has provided a grant, gift, or donation to the above-named Primary Trip Sponsor and conducts an audit or review of its grant, gift, or donation to ensure that the funds are spent in accordance with the terms of its grant, gift, or donation. **OR**
 - b. Has had a direct role in the organizing, planning, or conducting of a trip to
Destination: Edesia Nutriution, Rhode Island on Date: 07/18/2025
that is being organized or arranged by the above-named Primary Trip Sponsor. **OR**
 - c. Has provided in-kind support to the above-named Primary Trip Sponsor (e.g., meeting planning assistance, meeting space and set-up, and paying for expenses related to this trip directly to the service provider).
6. **Check only one:**
 - a. My organization does not employ or retain a registered federal lobbyist or foreign agent **OR**
 - b. My organization employs a registered federal lobbyist or foreign agent, but their involvement in planning, organizing, or arranging the trip was *de minimis* under the travel regulations.
7. **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;
 - c. I am an officer of this organization and am duly authorized to sign this form; and
 - d. The information on this form is true, complete, and correct to the best of my knowledge.

Signature: Navyn Salem Date: 06/23/2025

Name: Navyn Salem Title: Founder & CEO

Organization: Edesia Nutrtrition

Address: 550 Romano Vinyard Way, North Kingston, RI 02852

Telephone: 401 272-5521 ext. 1103 Email: nsalem@edesianutrition.org

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


COMMITTEE ON ETHICS

ADDITIONAL TRIP SPONSOR FORM

This form should be completed by an organization that provides funds, services, or in-kind assistance to another entity to underwrite, in whole or in part, a trip or an event, meal, or activity that will occur during a trip, or a necessary expense that will be incurred during a trip, with express or implicit knowledge or understanding that one or more House Members or employees may participate in or attend that trip or event, or otherwise may be beneficiaries of the gift or donation. **Provide a copy of your completed form to the primary sponsor of the trip.**

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001. Failure to comply with the Committee's Travel Regulations may also lead to the denial of permission to sponsor future trips. Signatures must comply with section 104(bb) of the Travel Regulations.

1. Name of Primary Trip Sponsor for this trip: Alliance to End Hunger
2. Name of your organization: Eleanor Crook Foundation
3. Yes No Is your organization designated a § 501(c)(3) charitable organization by the Internal Revenue Service?
4. Yes No Does your organization receive funding from any foreign government or multinational organization?
5. **Check one.** I certify that my organization:
 - a. Has provided a grant, gift, or donation to the above-named Primary Trip Sponsor and conducts an audit or review of its grant, gift, or donation to ensure that the funds are spent in accordance with the terms of its grant, gift, or donation. **OR**
 - b. Has had a direct role in the organizing, planning, or conducting of a trip to
Destination: _____ on Date: _____
that is being organized or arranged by the above-named Primary Trip Sponsor. **OR**
 - c. Has provided in-kind support to the above-named Primary Trip Sponsor (e.g., meeting planning assistance, meeting space and set-up, and paying for expenses related to this trip directly to the service provider).
6. **Check only one:**
 - a. My organization does not employ or retain a registered federal lobbyist or foreign agent **OR**
 - b. My organization employs a registered federal lobbyist or foreign agent, but their involvement in planning, organizing, or arranging the trip was *de minimis* under the travel regulations.
7. **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;
 - c. I am an officer of this organization and am duly authorized to sign this form; and
 - d. The information on this form is true, complete, and correct to the best of my knowledge.

Signature:  Date: 6/12/2025

Name: Mariana Becerra Title: Director of North American Advocacy

Organization: Eleanor Crook Foundation

Address: 1049 30th St NW, Washington DC

Telephone: 2027660197 Email: mbecerra@eleanorcrookfoundation.org

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

Michael Guest, Mississippi
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Mark DeSaulnier, California
Ranking Member

John H. Rutherford, Florida
Andrew R. Garbarino, New York
Ashley Hinson, Iowa
Nathaniel Moran, Texas

Deborah K. Ross, North Carolina
Glenn F. Ivey, Maryland
Sylvia R. Garcia, Texas
Suhas Subramanyam, Virginia



ONE HUNDRED NINETEENTH CONGRESS

U.S. House of Representatives

COMMITTEE ON ETHICS

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July 15, 2025

Ms. Pragneya Sharma
Office of the Honorable Ami Bera
172 Cannon House Office Building
Washington, DC 20515

Dear Ms. Sharma:

Pursuant to House Rule 25, clause 5(d)(2), the Committee on Ethics hereby approves your proposed trip to Kingston, Rhode Island, scheduled for July 18, 2025, sponsored by Alliance to End Hunger, Eleanor Crook Foundation, and Edesia Nutrition. We remind you that, because the trip sponsor employs a federal lobbyist, you may participate in officially-connected activity on one calendar day only.

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

Mark DeSaulnier
Ranking Member

MG/MD:nl



July 29, 2025

Dear Congressional staff delegation participant,

On behalf of the Alliance to End Hunger and Edesia Nutrition, we want to express our sincere appreciation for joining our Congressional staff delegation trip up to Edesia's factory and Rhode Island headquarters on the 18th. Your participation, discussing relevant policy issues during the roundtable, and even sampling Edesia's product, made the trip successful.

We were honored to have you join us to see firsthand the process of producing lifesaving food aid and hope that the trip was informative. As you witnessed in our warehouse, we still have a large number of backlogged boxes of lifesaving therapeutic food that urgently must be shipped to reach children in need. While we are concerned with the pace of the restructuring of our foreign aid assistance through the State Department, we remain optimistic that the funding and contracts will come though soon so Edesia can continue and scale up its production ASAP. However, we may still need your help during the transition.

America has always been a global leader in the humanitarian world, and we want to continue that wonderful tradition.

Moving forward, we want to continue to work with you and your respective offices in achieving our shared goal of the prevention and treatment of global malnutrition.

Andrew at the Alliance, and Blake at Edesia, have been copied and will be following up with you in the coming days. Thanks again for taking the time to make this trip. Looking forward to seeing you again on Capitol Hill or on another trip.

Sincerely,

Eric Mitchell

A handwritten signature in black ink that reads "Eric P. Mitchell".

President

Alliance to End Hunger

Navyn Salem

A handwritten signature in black ink that reads "Navyn Salem".

Founder and CEO

Edesia Nutrition