$\square$ Original $\square$ An	nendment
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## U.S. House of Representatives Committee on Ethics

## SPONSOR POST-TRAVEL DISCLOSURE FORM

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 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.

Traval Dastinati	on(a).			
Travel Destinati	on(s):			
Date of Departu	re:	Date of Return:		
` '	veler(s):			
(NOTE: You ma	ay list more than	one traveler on a	form only if all	information is <u>identical</u> for each person listed.)
Actual amount	of expenses paid	on behalf of, or	reimbursed to,	each individual named in response to Question 4:
	Total Transportation Expenses	Total Lodging Expenses	Total Meal Expenses	Other Expenses (dollar amount per item and description)
Traveler				
Accompanying Relative				
		<u> </u>		
statement is true	e by checking box	): 🗆		and not a <i>per diem</i> or lump sum payment. ( <i>Sign</i> ete, and correct to the best of my knowledge.
statement is true I certify that the	by checking box	tained in this form	n is true, compl	and not a <i>per diem</i> or lump sum payment. ( <i>Sign</i> ete, and correct to the best of my knowledge.
statement is true I certify that the Signature:	e by checking box information cont	tained in this form	n is true, compl	ete, and correct to the best of my knowledge.
I certify that the Signature: Name:	e by checking box information cont	tained in this form	n is true, compl	ete, and correct to the best of my knowledge.  _ Title:
I certify that the Signature: Name: Organization: _	e by checking box information cont	tained in this form	n is true, compl	ete, and correct to the best of my knowledge.  _ Title:
I certify that the Signature: Name: Organization: I am an officer	e by checking box information cont	tained in this form	n is true, compl	ete, and correct to the best of my knowledge.  _ Title:  ment is true by checking box):
I certify that the Signature: Name: Organization: I am an officer	e by checking box information cont of the above-nar	tained in this form	n is true, compl	ete, and correct to the best of my knowledge.  _ Title:
I certify that the Signature: Name: Organization: _ I am an officer Address:	of the above-nar	tained in this form	n is true, compl	ete, and correct to the best of my knowledge.  _ Title:

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.