| - | -        | _         |
|---|----------|-----------|
| 1 | Original | Amendment |

# U.S. House of Representatives EP 24 AM 9: 59

## MEMBER / OFFICER POST-TRAVEL DISCLOSURE FORM

This form is for disclosing the receipt of travel expenses from a private source for meetings, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately-funded travel on the Member or officer's annual Financial Disclosure Statement. In accordance with clause 5 of House Rule 25, complete this form and file it with the Clerk of the House of Representatives, B-106 Cannon House Office Building, within 15 days after travel is completed. The Clerk is to make these forms available to the public as soon as possible after they are received.

| 1. | Name of Traveler: Rep. Aaron Schock   |
|----|---|
| 2. | a. Name of Accompanying Family Member (if any): Richard Schock  |
|    | b. Relationship to Member/Officer: Spouse Child Other (specify): Father   |
| 3. | a. Date of Departure and Date of Return: Sept. 7- 11, 2010  |
|    | b. Dates at personal expense (if any): None   |
| 4. | Itinerary (cities of departure – destination – return):   |
|    | Peoria, IL to Addis Ababa & Dire Dawa, Ethiopia to Chicago, IL  |
| 5. | Sponsor(s) (who paid for the trip):   |
|    | Cooperative for Assistance & Relief Everywhere, Inc. (CARE USA)   |
| 6. | Describe meetings and events attended (attach additional pages if necessary):  See agenda                               |
| 7. | Attached to this form are EACH of the following (signify that each item is attached by checking the corresponding box): |
|    | a. the Private Sponsor Travel Certification Form completed by trip sponsor, including all attachments;                  |
|    | b. the Traveler Form completed by the Member or officer; and  |
|    | c. the Committee on Standards' letter approving my participation on this trip.  |
| 8. | a. I represent that I participated in each of the activities reflected in the sponsor's agenda. (Signif)                |
|    | that statement is true by checking box):  |

9. **TRIP EXPENSES:** Obtain actual dollar amounts from the sponsor. If exact dollar amounts are unavailable by the due date, provide a good faith estimate and file an amended form once the correct amounts are received.

|                                 | Total Transportation<br>Expenses | Total Lodging Expenses | Total Meal Expenses |
|---------------------------------|----------------------------------|------------------------|---------------------|
| For Member or Officer:          | \$6,012.78                       | \$722.19               | \$225.00            |
| For accompanying family member: | \$7,861.99                       | \$722.19               | \$225.00            |

|                                 | Other Expenses (dollar amount) | Specific Nature of Expenses (e.g., taxi, parking, registration fee, etc.)  |
|---------------------------------|--------------------------------|--|
| For Member or Officer:          | \$1,021.20                     | Medical support, security personnel, interpreters, visas, emergency evacuation insurance, photographer, videographer |
| For accompanying family member: | \$1,021.20                     | Medical support, security personnel interpreters, visas, emergency evacuation insurance, photographer, videographer  |

I certify that the information contained in this form is true, complete, and correct to the best of my knowledge. I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member or Officer of the U.S. House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE OF MEMBER:

DATE:

9/23/10

Version date 3/2009 by Committee on Standards of Official Conduct

ZOE LOFGREN, CALIFORNIA BEN CHANDLER, KENTUCKY G. K. BUTTERFIELD, NORTH CAROLINA KATHY CASTOR, FLORIDA PETER WELCH, VERMONT DANIEL J. TAYLOR, COUNSEL TO THE CHAIR R. BLAKE CHISAM, CHIEF COUNSEL AND STAFF DIRECTOR

ONE HUNDRED ELEVENTH CONGRESS

# U.S. House of Representatives

COMMITTEE ON STANDARDS OF OFFICIAL CONDUCT

Washington, DC 20515-6328

August 30, 2010

JO BONNER, ALABAMA RANKING REPUBLICAN MEMBER

K. MICHAEL CONAWAY, TEXAS CHARLES W. DENT, PENNSYLVANIA GREGG HARPER, MISSISSIPPI MICHAEL T. McCAUL, TEXAS

KELLE A. STRICKLAND, COUNSEL TO THE RANKING REPUBLICAN MEMBER

SUITE HT-2, THE CAPITOL (202) 225-7103

The Honorable Aaron J. Schock U.S. House of Representatives 509 Cannon House Office Building Washington, DC 20515

Dear Colleague:

Pursuant to House Rule 25, clause 5(d)(2), the Committee on Standards of Official Conduct hereby approves your and your father's proposed trip to Ethiopia scheduled for September 7 to 11, 2010, sponsored by CARE USA with support from the Bill and Melinda Gates Foundation.

You must complete a Member Travel Disclosure Form and file it with the Clerk of the House within 15 days after your return from travel. As part of that filing, you are required to attach a copy of this letter and the Private Sponsor Travel Certification Form, including attachments. You must also report all travel expenses totaling more than \$335 from a single source on Schedule VII of your annual Financial Disclosure Statement.

Because the trip may involve meetings with foreign government representatives, we note that House Members may accept, under the Foreign Gifts and Decorations Act, gifts "of minimal value [currently \$335] tendered as a souvenir or mark of courtesy" by a foreign government. Any tangible gifts valued in excess of \$335 received from a foreign government must, within 60 days of acceptance, be disclosed on a Form for Disclosing Gifts from Foreign Governments and either turned over to the Clerk of the House, or, with the written approval of the Committee, retained for official use.

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

Sincerely,

Ranking Republican Member

ZL/JB:slo

#### U.S. House of Representatives Committee on Standards of Official Conduct

# PRIVATE SPONSOR TRAVEL CERTIFICATION FORM (provide directly to each House invitee)

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 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. The trip sponsor should NOT submit the form directly to the Committee. You must answer every question on the form.

| Com                                | mittee. You must answer every question on the form.  Cooperative for Assistance and Relief Everywhere, Inc. (CARE USA)  |
|------------------------------------|---|
|                                    | Sponsor(s) (who will be paying for the disp).   |
| 2.                                 | I represent that the trip will not be financed (in whole or in part) by a federally-registered lobbyist or a registered foreign agent (Signify that the statement is true by checking box):   |
| 3.                                 | I represent that the trip sponsor(s) has not accepted from any other source rather trip (Signify that the statement is true by checking box):   |
| 4.                                 | Is travel being offered to an accompanying family member of the House invitee(s)? Yes No  Provide names and titles of ALL House invitees; for each invitee, provide explanation of why the individual Provide names and titles additional pages if necessary):  See Addendum A  |
| 5.                                 | was invited (include additional pages   |
|                                    | See Addendum A  |
| 6.                                 | Dates of travel: September 7-11, 2010  Cities of departure – destination – return: See Addendum B   |
| <ol> <li>7.</li> <li>8.</li> </ol> | Attached is a detailed agenda of the activities taking place during the travel (i.e., an hourly description of planned activities) (Signify "yes" by checking box):   |
| 9.                                 | I represent that (check one of the following):  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 a c. The sponsor employs or retains a registered federal lobbyist or foreign agent, but the trip is for attendance a cone-day event and lobbyist/foreign agent involvement in planning, organizing, requesting, or arranging the trip was de minimis under the Committee's travel regulations. □  1. If travel is for participation in a one-day event (i.e., if you checked Question 9(c)), check one of the following:  a. N/A − I checked 9(a) or (b) above: ☑  b. One-night's lodging and meals are being offered: □ or  c. Two-nights' lodging and meals are being offered: □  If "c" is checked, explain why the second night is warranted: □ |

| 11. | Che<br>a. | ck one: I represent that a federally-registered lobbyist or foreign agent will not accompany House Members or employees on any segment of the trip (Signify that the statement is true by checking box):   or       |
|-----|-----------|---|
|     |           | employees on any segment of the application.  |
| 12. | Priv      | rate sponsors must have a direct and immediate relationship to the purpose of the trip or location being ted. Describe the purpose of the trip and the role of each sponsor in organizing and conducting the trip:  |
|     | -         | to the improve health care for wolffell and their orman   |
|     | UA        | RE is a leader in the Work to Improve Nearth earth earth, which is a leader in the whole families and entire communities escape poverty.  |
|     | on v      |   |
| 13. | a.        | Describe the mode of travel (air, rail, bus, etc.). For air travel, also indicate the type of aircraft (commercial, charter, or privately owned) and class of travel (coach, business class, first class, etc.):    |
|     |           | Bestisinents will fly to and from Ethiopia on commercial allines in business.   |
|     |           | reial cirlings in economy class. Other transport will be by car.  |
|     | b.        | If travel will be first class or by chartered or private aircraft, provide an explanation describing will be  |
|     |           | travel is warranted:  |
|     |           |   |
|     |           |   |
| 14  | . I i     | represent that the expenditures related to local area travel during the trip will be unrelated to personal or creational activities of the invitee(s). (Signify that the statement is true by checking box):        |
| 15  |           | 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.        | If "h" is checked, detail the cost per day of mount (appears)   |
|     |           | Approximate cost of meals per day is \$74   |
|     | , ,       | teason for selecting the location of the event or trip: In 2008, 50% of all maternal deaths took place in six countries,  |
|     |           | : - in and of them YEL FUILUDIA Has some  |
|     | _         | and Ethiopia is one of them.  |
| 1   | 7. N      | Name of hotel or other lodging facility: In Addis we will stay at Hilton, in Dire Dawa we will stay at the Samrat   |
|     |           | Least hotal or other lodging facility (approximate cost may be provided):   |
|     |           | the Lillian is \$265 per night and the Samilatio 4 to per s   |
|     | _         | The cost of the Hillott is \$200 per management.  Both hotels provide sufficient security, business centers,  Both hotels provide sufficient security, business centers,  |
| 1   | 9 1       | Reason(s) for selecting hotel or other lodging facility:  |
|     |           | and central locations for the day's work.   |
|     |           |   |

## 20. TOTAL EXPENSES FOR EACH PARTICIPANT:

| actual amounts   | Total Transportation Expenses per Participant | Total Lodging Expenses per Participant | Total Meal Expenses per<br>Participant |
|--|---|--|--|
| good faith estimates For each Member, Officer, or employee | 9075  | 835                                    | 225                                    |
| For each accompanying family member                        |   |  |  |

|  | Other Expenses (dollar amount) | Identify Specific Nature of "Other" Expenses (e.g., taxi, parking, registration fee, etc.) |
|--|--------------------------------|--|
| For each Member,<br>Officer, or employee | 1500                           | Interpreter, meeting rooms, insurance, photographer,                                       |
| For each accompanying family member      |                                | videographer, security and medic   |

|     | . I at a par diem or lump  |
|-----|--|
|     | I represent that all expenses connected to the trip will be for actual costs incurred and not a per diem or lump |
| 21. | I represent that all expenses connected to the try   |
|     | (signify that the statement is true by checking box).  |
|     | sum payment (signify that the same is true complete, and correct to the best of my knowledge.                    |
|     | complete, and correct to the best of my knowledge.   |

|     | I certify that the information contained in this form is true complete, and correct to the best of my knowledge. |
|-----|--|
| 22. | I certify that the information command in  |
|     | Signature:   |
|     | Name and title: JoDee Winterhof, Vice President of Policy and Advocacy   |
|     | Organization: CARE USA   |
|     | Address: 1825   Street NW, Suite 301, Washington DC 20006  |
|     | Telephone number: 202-595-2816   |
|     | Fax number: 202-296-8695   |
|     | Email Address: jwinterhof@care.org   |

The Committee staff may contact the above individual if additional information is required.

If there are any questions regarding this form please contact the Committee at the following address:

Committee on Standards of Official Conduct U.S. House of Representatives HT-2, The Capitol Washington, DC 20515 (202) 225-7103 (phone) (202) 225-7392 (general fax)

Version date 8/2008 by Committee on Standards of Official Conduct

#### Addendum A

House invites – we have targeted members who work on the Appropriations, Foreign Affairs, Budget committees. We also have targeted Women's Caucus, Congressional Black Caucus, and Progressive Caucus members. We also invited leadership and members recommended as leaders in their party.

#### Specifically:

Rep. Schock and staff

Rep. Richardson and staff

Rep. Reichert and staff

Rep. Bishop and staff

Rep. Van Hollen and staff

Rep. Inslee and staff

Rep. Adam Smith and staff

Rep. Speier and staff

## Addendum B

#### Travel Cities

September 7, 2010: Washington DC – Addis Ababa, Ethiopia September 9, 2010: Addis Ababa – Dire Dawa, Ethiopia September 10, 2010: Dire Dawa – Addis Ababa and Addis Ababa to Washington DC (arriving September 11, 2010) CARE Learning Tour: Ethiopia

DRAFT AGENDA

#### Tuesday, September 7

10:00am

Depart Dulles -

### Wednesday, September 8

8:00am

Delegation Arrives in Addis Ababa

8:30am

Transfer to Hilton Hotel

9:00-10:30am Freshen up

10:30-12:15pm Lunch: Scene-setter Briefing Speakers: USAID, CARE, MoH

12:15-1:15pm Transfer to Mojo Health Center

1:15-3:00pm Site Visit: Mojo Health Center

3:00 - 3:30pm Transfer to Biruh Tesfa

3:30 – 4:30pm Site Visit: Biruh Tesfa

4:30 - 5pm

Transfer to Hilton

6:30 – 9:00pm Briefing and Dinner Reception with High Level Officials (TBD)

Overnight:

Hilton

#### Thursday, September 9

6:00am

Breakfast on own

6:30am

Transfer from Hilton to airport

8:30-9:30am

Fly Addis to Dire Dawa

9:30–11:30am Transfer to Hades Health Post

11:30 – 12pm Brown bag Lunch briefing by CARE staff

12:00-2:00pm Site Visit: Hades Health Post

2:00-3:15pm

Drive to Doba Health Center: briefing in cars on Integrated Family Health

Program (IFHP)

3:15-4:30pm Site Visit: IFHP at Doba Health Center

4:30-7:30pm Drive Doba to Dira Dawa

8:00pm-10pm Dinner Discussion: Taking action back home

Overnight: Dire Dawa: Samrat Hotel

### Friday, September 10

7:00am Breakfast

8:00-9:00am Site Visit: Conversation with stakeholders

9:30-11:00am Site Visit: Regional Hospital

12:20 – 1:20pm Fly from Dire to Addis – lunch at airport

2:30-3:30pm Site Visit: Fistula Hospital – Private/public

3:30-6:30pm Government meetings

Minister of Health (TBD)

Administration (TBD)

6:30-8:00pm Reception with partners and New Year Celebration

11:35pm Flight departs for US

## Saturday, September 11

12:35pm Flight arrives at Dulles

#### U.S. House of Representatives Committee on Standards of Official Conduct PRIVATE SPONSOR TRAVEL CERTIFICATION FORM

Addendum to Statement #3 on

CARE received a grant from the Bill and Melinda Gates Foundation in September 2008 to cultivate policymaking champions and other influential individuals in order to improve U.S. government policies and increase funding for maternal, newborn, and child health (MNCH) in the developing world. The grant proposal indicated that a portion of the activities in the funded project would likely consist of this sort of travel, and CARE is directing some of the grant funds to help fund this trip. The Foundation did not direct us as to when any congressional travel would occur, the destination, or the members of congress who would be invited. We therefore conclude this funding had not been earmarked for this travel.

CARE, a 501(c)(3) organization, is a leading international humanitarian organization fighting global poverty that places special focus on working alongside poor women who, equipped with the proper resources, can assist whole families and entire communities escape poverty through improved basic education, prevention of the spread of HIV, increased access to clean water and sanitation, expanded economic opportunities and the protection of natural resources. CARE also delivers emergency aid to survivors of war and natural disasters, and helps people rebuild their lives.

CARE established CARE Action Now in October, 2007as a related but separately incorporated 501(c)(4) organization. CARE Action Now undertakes a variety of programs and activities in furtherance the organizations' common mission, most notably directly influencing policymakers through Congressional testimony, briefings, reports and meetings based on CARE's experience of working with poor people around the world over more than 60 years. The two organizations share some facilities and resources, allocating the costs between them based upon use, as is common in the nonprofit sector. CARE currently provides grant funding to CARE Action Now to support the range of its advocacy activities. This is also a common structure for related nonprofit organizations, where a 501(c)(3) organization uses some or all of the limited amount of money it may spend on lobbying to support a related 501(c)(4) rather than doing the lobbying directly itself.

CARE serves as common paymaster for both organizations, so that all shared employees receive one paycheck from CARE for services provided to either CARE or CARE Action Now. CARE Action Now reimburses CARE for its allocable share of salary, benefits, and payroll taxes. All time that qualifies as "lobbying activity" under the Lobbying Disclosure Act is charged to CARE Action Now under this arrangement, although the employees engaging in such activity may also perform non-lobbying services for CARE and bill that time accordingly. CARE Action Now treats its reimbursement payments to CARE as expenditures for salary and related items on its books. When CARE Action Now's first tax return is due on May 15, 2009, it is expected to report them as such on its tax return.

Our analysis of this relationship leads us to conclude that CARE has properly completed this form, including the response that it does not employ or retain lobbyists. However, we include this additional information in the interests of full transparency so that the committee may make this determination for itself.

U.S. House of Representatives Committee on Standards of Official Conduct HT-2, The Capitol Washington, D.C. 20515

To Whom It May Concern:

CARE is the sponsoring organization for a trip September 7-11, 2010. This trip has been funded with the assistance of a grant provided to CARE by the Bill & Melinda Gates Foundation for the purpose of raising awareness regarding maternal, newborn and child health in developing countries. The Foundation did not play a significant role in organizing the trip and has not been involved in the selection or invitation of travel participants. As we understand Rule XXV, we do not believe this funding has been directly or indirectly earmarked to finance any aspect of this trip.

We are committed to ensuring adherence to all Ethics Committee rules and regulations. If you have any questions, please feel free to contact me at (202) 595-2800.

Sincerely,

JoDee Winterhof

CDe fretables

Vice President, Policy & Advocacy

BILL & MELINDA GATES foundation

August 13, 2010

Committee on Standards of Official Conducts
U.S. House of Representatives
HT-2 Capitol Building
Washington, D.C. 20515

This letter is submitted in response to your request regarding a learning trip during the week beginning September 7, 2010. The Bill & Melinda Gates Foundation made a grant to CARE USA on July 7, 2008 to fund various activities, including congressional tours to provide learning opportunities on maternal, newborn and child health ("MNCH").

I send this to confirm that the Bill & Melinda Gates Foundation is aware of this project and provided support, through the assistance of grant funding, to CARE USA for this project for the purpose of providing members of Congress, Congressional staff, other key decision makers and influential individuals with personal experience and knowledge of MNCH challenges and programs in the developing world and to provide follow-on information to tour participants, selecting countries that have a broad array of illustrative MNCH projects.

However, the Foundation did not play a significant role in the project, or in organizing the related trip, and has not been involved in the selection or invitation of travel participants. Decisions regarding travel participants have been controlled by and under the sole discretion of CARE USA. This funding has not been directly or indirectly earmarked to finance any aspect of this trip. I have attached a letter to Dr. Helene Gayle, President and Chief Executive Officer of CARE USA from Melinda Gates further describing the foundation's purposes behind awarding this grant.

If we can provide any additional information, please contact me at <a href="mailto:deb.derrick@gatesfoundation.org">deb.derrick@gatesfoundation.org</a>, or direct line of (206) 662-8157 or cell at (703) 508-7809.

Sincerely,

Deb Derrick

Senior Program Officer

PO Box 6176
Ben Franklin Station
Washington, D.C. 20044
U.S.A.
V 202.662.8130
F 202.220.6799
www.gatesfoundation.org.

REVISED

**CARE Learning Tour: Ethiopia** 

AGENDA

#### Tuesday, September 7

10:00am

Delegation depart Dulles (ET 503)

#### Wednesday, September 8

8:40am

Delegation Arrives in Addis Ababa (slight delay)

8:50-9:30am

Transfer to VIP and await customs

9:45-10:15am Transfer to Hilton

10:15-11:00am Check in to rooms and freshen up

11:00-1:00pm Lunch: Scene-setter Briefing

Location: Hilton, Jacaranda Restaurant

Briefers:

Abby Maxman, CARE

· Dr. Kesete, Ministry of Health

Meri Sinnitt, USAID

Jeanne Rideout, USAID

Carol Miller, Everyone Campaign

1:00-1:15pm

Transfer to Community Center

1:15-2:45pm

Discussion: Health Extension Worker Training

Agenda:

Briefing by Hannah Gibson, Jhpiego

Conversation with trainers and HEW participating in supplementary training session

Participants: Hannah Gibson (Jhpiego), Sehene (HEW trainer), Lomita (HEW)

2:45-3:15pm

Transfer to Biruh Tesfa

3:15-4:30pm

Site Visit: Biruh Tesfa

4:30-5:00pm

Transfer to Hilton

5:00-6:45pm

Downtime and prep for dinner

6:45-7:00pm

Transfer to Top View

7:00-9:00pm

Briefing and Dinner Reception with Tom Staal, USAID

Location: Top View Restaurant

9:00-9:20pm

Transfer to Hilton

Overnight

Hilton Hotel, Addis

#### Thursday, September 9

6:00am

Bring luggage and passport for Dire Dawa to lobby

6:00-6:30am

Breakfast - room service or in Executive Lounge on floor 12

6:30am

Transfer from Hilton to airport

8:30-9:30am

Fly Addis to Dire Dawa (ET 200)

10:00-12:00pm Transfer to Hades Health Post

12:00-12:45pm Brown bag Lunch briefing by CARE staff

12:45-2:40pm Site Visit: Hades Health Post (Results Project) CARE

Agenda:

· Meet with core group and HEW

Meeting with marginalized women's community group

Visit health post

Community visit

2:40-3:30pm

Drive to Doba Health Center (IFHP briefing in cars)

3:30-4:30pm

Site Visit: IFHP at Doba Health Center

4:30-7:30pm

Drive Doba to Dire Dawa

8:00-10:00pm Dinner discussion: Taking action back home

Location: Samrat, top floor room

Overnight

Samrat Hotel, Dire Dawa

#### Friday, September 10

7:00am

Breakfast on own

7:45am

Baggage call and passports

7:50am

Walk to hospital

8:00-9:15am

Site Visit: Dil Chora Regional Hospital

Participants: Dr. Munir Kassa (obstetrician) and patients

9:30-10:30am Maternal Health Advocacy Discussion
Participants: Dr Tsigereda Kifle (Head of the Dire-Dawa Health Bureau), health
journalist, faith leader

10:30-11:00am Transfer to airport

11:30 Lunch at airport

12:20-1:20pm Fly from Dire Dawa to Addis (ET 203)

1:45-2:30pm Drive to Fistula Hospital

2:30-4:15pm Site Visit: Fistula Hospital
Agenda: Discuss preventative and curative treatment
Participants: Dr. Catherine Hamlin, Feven Haddis, Annette Bennett

4:15-4:45pm Drive to MOH

6:00-6:15pm Transfer to Hilton

5:00-6:00pm

9:15-9:25am

6:30-8:00pm Reception and New Year Celebration

Remarks: Abby Maxman, Helene Gayle, Dr. Tedros, and Chargé d' Affaires of the United

States of America Dr. Tulinabo Mushingi

Meeting with Minister of Health

Location: Ministry of Health

Transfer to Regional Bureau of Health office

Location: Hilton Hotel

9:15pm Depart for airport

11:35pm Lufthansa Flight departs Addis (LH 599)

## U.S. House of Representatives Committee on Standards of Official Conduct

# PRIVATELY SPONSORED TRAVEL: TRAVELER FORM

| PRIVATELY SPONSORED TRAVELLY   |
|--|
| 1. Name of Traveler: AARON SCHOCK  |
| <ol> <li>Name of Traveler:</li></ol>   |
| <ul> <li>3. Travel destination(s): ETHIOPIA</li> <li>4. a. Date of Departure and Date of Return: SEPT. 7-12, ZOIO</li> <li>b. Will you be extending the trip at your personal expense? Yes No If yes, dates at personal expense:</li> <li>5. a. Will you be accompanied by a family member at the sponsor's expense? Yes No</li> <li>b. If yes, name of accompanying family member: RICHARD SCHOCK PATHER</li> </ul>   |
| Politionship to traveler: Spouse Communication   |
| <ul> <li>6. a. Did the trip sponsor answer "yes" to Question 9(c) on the Trip Sponsor form (i.e., the travel is being sponsored by an entity that employs a lobbyist)?  Yes No</li> <li>b. If yes, check one of the following:  N/A – Sponsor checked 9(a) or 9(b)</li> <li>(1) Approval for one-night's lodging and meals is being requested:  or</li> <li>(2) Approval for two-nights' lodging and meals is being requested:  If "(2)" is checked, explain why the second night is warranted: </li></ul>   |
| 7. Private Sponsor Travel Certification Form is attached, including agenda, invitee list, and any other attachments (indicate that form is attached by checking box):  |
| 8. Explain why participation in the trip is connected to your individual official or representational duties:  A EDUCATIONAL OPPORTUNITY TO VIEW HOW U.S.  POLICIES AND RESOURCES IMPACT ETHIOPIA  |
| 9. FOR STAFF: TO BE COMPLETED BY YOUR EMPLOYING MEMBER:  |
| I hereby authorize the individual named above, an employee of the U.S. House of Representatives who I hereby authorize the individual named above, an employee of the U.S. House of Representatives who I hereby authorize the individual named above, an employee of the U.S. House of Representatives who I hereby authorize the individual named above, an employee of the U.S. House of Representatives who I hereby authorize the individual named above, an employee of the U.S. House of Representatives who I hereby authorize the individual named above, an employee of the U.S. House of Representatives who I hereby authorize the individual named above, an employee of the U.S. House of Representatives who I hereby authorize the individual named above, an employee of the U.S. House of Representatives who I hereby authorize the individual named above, an employee of the U.S. House of Representatives who I hereby authorize the individual named above, an employee of the U.S. House of Representatives who I hereby authorize the individual named above, an employee of the U.S. House of Representatives who I hereby authorize the individual named above, an employee of the U.S. House of Representatives who I have works under the individual named above, an employee of the U.S. House of Representatives who I have works under the individual named above, an employee of the U.S. House of Representatives who I have works under the individual named above, an employee of the U.S. House of Representatives who I have works under the individual named above, an employee of the U.S. House of Representatives who I have works under the I have a have a supplied the I have a have a supplied to the I have a hav |
| Date: 8-5-10 Signature of Employing Member   |

NOTE: This page must be submitted with your post-travel disclosure form within 15 days of your return, so you should maintain a photocopy of the completed form for your records.