_	Original	Amendment
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U.S. House of Representatives

EMPLOYEE TRAVEL DISCLOSURE FORM

This form is for disclosing the receipt of travel expenses from private sources 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 annual Financial Disclosure Statements of those persons required to file them. 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 30 days after travel is completed. The Clerk is to make these forms publicly available as soon as possible after they are filed. Obtain the dollar amounts from the sponsor; if exact dollar amounts are unavailable, provide a good faith estimate.

Name of Employee (p	orint or type):	4 (RANFORD	
Name of accompanying Relationship	ng family member (if any to employee (check one)):	NIA	
Dates of Travel:	8/1	6/04	f- 8/2+/114- "	pouse child
Dates at pers	onal expense:		8/20/04 - 2/21	
	parture – destination – re	turn).	WASH DC - TE	TKSON, WY-
		ouzzij.	JOI 17 17 31	1 001/10
				50 E0
Sponsor (Who paid fo	or the trip):	ilan	Petroleum Inst	itule & IAM
	P).		10/10/10/10/10/10	70
Purpose of Trip:	Lands Acces	5	Stratean Con Ce	rence ZH
			The Confe	WC MC
			• .	
	Total Transportation Expenses		Total Lodging Expenses	Total Meal Expenses
For employee:	\$498.50		\$850.08	\$100.00
For accompanying spouse or child:				. , , , , , , ,
				<u> </u>
	Other expenses (dollar amount)	Na	ture of expenses (e.g., taxi, park	ing, registration fee, etc.)
For employee:				
For accompanying spouse or child:				
SIGNATURE OF EMI	PLOYEE:	Λ	MATT	DATE: 9/10/04
I authorized this travel the travel was in conn- using public office for	conon with the employee	rminece's offic	I that all of the expenses listed cial duties and would not create	above were necessary and that the appearance that he/she is
NAME OF SUPERVIS	ING MEMBER/OFFICE	ER (Pri	nt or Type): RICHAR	Pombo
SIGNATURE OF SUP	ERVISING MEMBER/C)FFICI	41.	Pombo
Version date 4/2003 by Com	mitton on Standard Come		•	DATE: 9-16-01