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 House Rule 51, 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 shall make these forms available to the public as soon as possible after they are filed. *Provide a good faith estimate of all expenses*.

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NAME OF EMPLOYEE (PRINT OR TYPE):	JENNIFOR YOUNG BROWN
NAME OF ACCOMPANYING FAMILY MEM	BER: BARRY BROWN
RELATIONSHIP TO EMPLOYEE (check one):	spouse child
DATES OF TRAVEL:	1-20-00 70 1-22-00
DATES AT PERSONAL EXPENSE: _	None-
DESTINATION(S): CHAMOTTE	SVILLE, VA
SPONSOR (WHO PAID FOR THE TRIP):	MERICATUS CENTER - GMU
PURPOSE OF TRIP:	CHIEF OF STAFF REMEAT
TOTAL TRANSPORTATION EXPENSES:	
For employee:	NONE
For accompanying spouse or child:	NONE BOR
TOTAL LODGING EXPENSES:	FFICE OF
For employee:	290 °° R
For accompanying spouse or child:	NO INDIVIDUAL EXPENSE
TOTAL MEAL EXPENSES:	
For employee:	144.00
For accompanying spouse or child:	144.00
TOTAL OF ALL OTHER EXPENSES:	
For employee:	Mone
For accompanying spouse or child:	Nowl
SIGNATURE OF EMPLOYEE:	DATE: 2-17-200
I authorized this travel in advance. I have	determined that all of the expenses listed above were necessary and

I authorized this travel in advance. I have determined that all of the expenses listed above were necessary and that the travel was in connection with the employee's official duties and would not create the appearance that he/she is using public office for private gain.

using public office for private gain.

NAME OF SUPERVISING MEMBER/OFFICER (PRINT OR TYPE): LAMAL SMINT

SIGNATURE OF SURERVICING MEMORY (OFFICER

LAMAN SMITT

2-17-20