

6/99

U.S. House of Representatives MEMBER/OFFICER 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 26, 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.*

NAME OF MEMBER OR OFFICER (PRINT OR TYPE): BOB SCHAFFER

NAME OF ACCOMPANYING FAMILY MEMBER: MAUREEN SCHAFFER

RELATIONSHIP TO MEMBER OR OFFICER (CHECK ONE): spouse child

DATES OF TRAVEL: AUGUST 26 - SEPTEMBER 5, 1999

DATES AT PERSONAL EXPENSE: _____

DESTINATION(S): NORTH MARIANA ISLANDS

SPONSOR (WHO PAID FOR THE TRIP): TRADITIONAL VALUES COALITION

PURPOSE OF TRIP: FACT FINDING MISSION RE: LABOR ISSUES, RELIGIOUS FREEDOM ISSUE:
AND OTHER CHARGES.

TOTAL TRANSPORTATION EXPENSES:

For Member or Officer: \$5,056.17

For accompanying spouse or child: \$5,056.17

TOTAL LODGING EXPENSES:

For Member or Officer: \$1,075.00

For accompanying spouse or child: \$1,075.00

TOTAL MEAL EXPENSES:

For Member or Officer: \$300.00

For accompanying spouse or child: \$300.00

TOTAL OF ALL OTHER EXPENSES:

For Member or Officer: \$60.00

For accompanying spouse or child: \$60.00

I have determined that all of the expenses listed above were necessary and that 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 OR OFFICER: 

DATE: 10-5-99

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 OCT -5 AM 11:45
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

6/99

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 26, 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.

NAME OF EMPLOYEE (PRINT OR TYPE): DOUGLAS MESECAR

NAME OF ACCOMPANYING FAMILY MEMBER: _____

RELATIONSHIP TO EMPLOYEE (CHECK ONE): spouse child

DATES OF TRAVEL: AUGUST 26, 1999 - SEPTEMBER 2, 1999

DATES AT PERSONAL EXPENSE: _____

DESTINATION(S): NORTH MARIANA ISLANDS

SPONSOR (WHO PAID FOR THE TRIP): TRADITIONAL VALUES COALITION

PURPOSE OF TRIP: FACT FINDING MISSION RE: LABOR ISSUES, RELIGIOUS FREEDOM ISSUES

TOTAL TRANSPORTATION EXPENSES: _____ AND OTHER CHARGES.

For employee: \$4,500.00

For accompanying spouse or child: _____

TOTAL LODGING EXPENSES:

For employee: \$1,075.00

For accompanying spouse or child: _____

TOTAL MEAL EXPENSES:

For employee: \$300.00

For accompanying spouse or child: _____

TOTAL OF ALL OTHER EXPENSES:

For employee: \$60.00

For accompanying spouse or child: _____

SIGNATURE OF EMPLOYEE:  DATE: 10/4/99

I authorized this travel in advance. I have determined that all of the expenses listed above were necessary and that 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.

NAME OF SUPERVISING MEMBER/OFFICER (PRINT OR TYPE): BOB SCHAFFER

SIGNATURE OF SUPERVISING MEMBER/OFFICER:  DATE: 10-5-99

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