

HON.
NANCY JOHNSON

U.S. House of Representatives

Original Amendment

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 (PRINT OR TYPE): Susan M. Christensen

NAME OF ACCOMPANYING FAMILY MEMBER (if any): none

RELATIONSHIP TO EMPLOYEE (check one): _____ spouse _____ child

DATES OF TRAVEL: Feb 20 to Feb 22, 2002

DATES AT PERSONAL EXPENSE: none

ITINERARY: DC to Tampa to DC

SPONSOR (WHO PAID FOR THE TRIP): Healthcare Leadership Council, Cardinal Healthcare, Baxter Healthcare, Premier Inc.

PURPOSE OF TRIP: fact finding

TOTAL TRANSPORTATION EXPENSES:

For employee: 363.44 (HLC)

For accompanying spouse or child: _____

TOTAL LODGING EXPENSES:

For employee: 413.25 (HLC)

For accompanying spouse or child: _____

TOTAL MEAL EXPENSES:

For employee: \$119.33 → 24.66 (Cardinal); 53.34 (Baxter); 8.33 (Premier)

For accompanying spouse or child: _____ 33.00 (HLC)

OTHER EXPENSES (specify):

For employee: _____

For accompanying spouse or child: _____

SIGNATURE OF EMPLOYEE: [Signature] DATE: 3-15-02

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.

NAME OF SUPERVISING MEMBER/OFFICER (Print or Type): Daye Karvelas

SIGNATURE OF SUPERVISING MEMBER/OFFICER: [Signature]

DATE: _____

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