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2019 MAY -1 PM 5:02

COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the **Office of Public Records** in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. **Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.**

SUBMIT DIRECTLY TO THE **OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING**

Name of Traveler: Naz Durakoglu

Employing Office/Committee: Senator Shaheen

Travel Expenses Paid by (List all sources): National Democratic Institute

Travel Date(s): 3/28/19 - 4/119

Description/Title of Attached Forms: Amended Post-Travel Disclosure of Travel Expenses

Purpose of Amendment (describe the reason for amending original submission): Fixing a typo on the original form.

5/1/2019
(Date)

(Signature of Traveler)

(Revised 4/19/2010)

0000016997

Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:

Post-Travel Filing Instructions: Complete this form within **30 days** of returning from travel. Submit all forms to the **Office of Public Records in 232 Hart Building.**

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

☒ The **original** *Employee Pre-Travel Authorization* (Form RE-1), **AND**
☒ A **copy** of the *Private Sponsor Travel Certification Form* with all attachments (itinerary, invitee list, etc.)

Private Sponsor(s) (list all): National Democratic Institute

Travel date(s): 3/28/19 - 4/1/19

Name of accompanying family member (if any): _____
Relationship to Traveler: ☐ Spouse ☐ Child

IF THE COST OF LODGING **DID NOT INCREASE** DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

Expenses for Employee:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☐ Good Faith Estimate ☒ Actual Amount	$984.49	$441.39	$74.70	

Expenses for Accompanying Spouse or Dependent Child (if applicable):

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☐ Good Faith Estimate ☐ Actual Amount				

Provide a description of all meetings and events attended. *See* Senate Rule 35.2(c)(6). (Attach additional pages if necessary.): See attached

5/1/19 (Date) — Naz Durakoglu (Printed name of traveler) — (Signature of traveler)

TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the *Employee Pre-Travel Authorization* form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

5/1/19 (Date) — (Signature of Supervising Senator/Officer)

(Revised 1/3/11)

Form RE-2