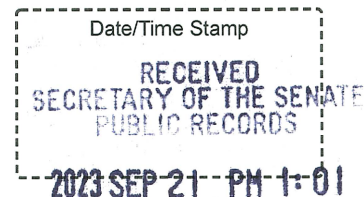


RE-2 Employee Post Travel Disclosure of Travel Expenses

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. This form is a public disclosure. The form and all attachments will be made publicly available.



Certification: In compliance with the Regulations Governing Privately Sponsored Travel, Senate Rule 35, and the Honest Leadership and Open Government Act of 2007, I certify that I accepted the following gift of privately sponsored travel:

Private Sponsor(s):

Travel Dates:

Conservative Partnership Institute

Aug. 23-25, 2023

Name of accompanying family member (if any):

Relationship to Traveler:

N/A

N/A

Total Expenses

Transportation Expenses	Lodging Expenses	Meals Expenses	Other Expenses (Amount & Description)
\$0	\$198	\$126	

I also certify that attached to this form are all required documents for post travel disclosure, including:

- The final Employee Pre-Travel Authorization (Form RE-1)
- The final Private Sponsor Travel Certification Form with all attachments
- The final invitation
- The final approved itinerary

Finally, I certify that all trip information reflected in the attachments above accurately reflects the travel that I accepted. If there were any changes to the trip after I received approval from the Committee, the changes are described in ATTACHMENT 1.

Date

9/18/23

Printed Name of Traveler

Hannah Eddins

Signature of Traveler

Hannah Eddins

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.

9/18/23

Date

Signature of Supervising Senator/Officer

ATTACHMENT 1 – CHANGES FROM APPROVED PRE-TRAVEL

Note: Material changes to a trip that occur after the Committee has issued an approval letter may invalidate the Committee's approval. Please contact the Committee with any questions regarding changes to an approved trip.

Were there any changes to the pre-approved travel expenses? (Transportation, Meals, Lodging, Other)?

☐ Yes ☒ No

Expense Change	Revised Amount	Explanation

Were there any changes to the pre-approved itinerary?

☒ Yes ☐ No

Explanation:

Were there any additional changes to the pre-approved trip?

☐ Yes ☒ No

Explanation:

Trip Name: Communications Retreat

Organization Information

Organization Name:

Conservative Partnership Institute

Is your organization classified as a §501(c)(3)?

☒ Yes

☐ No

If Yes, §501(c)(3) Organization Type:

☐

Private Foundation

☒

Public Charity

Address:

300 Independence Ave SE

City, State, Zip:

Washington, DC 20003

Phone Number:

202-742-8988

Organization URL:

<https://www.cpi.org>

History of Congressional Travel

Describe your organization's history of sponsoring congressional travel.

The Conservative Partnership Institute (CPI) provides regular educational briefings and training sessions to conservative leaders, congressional staff, and activists.

Educational Activities

Describe the educational activities performed by your organization other than sponsoring congressional travel.

The educational activities performed by CPI include regular trainings, procedural classes, collaborative sessions and broad educational programming.

Lobbyist and Foreign Agent Registration Information

Lobbyist Registration Status (Select one):

☒

I certify that the sponsor is not a federally registered lobbyist and does not retain or employ a federally registered lobbyist.

☐

I certify that the sponsor is not a federally registered lobbyist but does retain or employ one or more federally registered lobbyists.

Foreign Agent Registration Status (Select one):

☒

I certify that the sponsor is not an agent of a foreign principal and does not retain or employ an agent of a foreign principal.

☐

I certify that the sponsor is not an agent of a foreign principal but does retain or employ one or more agents of a foreign principal.

Foreign Government Involvement

Foreign Agent Registration Status (Must select all):

☒

I certify that the sponsor is not a foreign government.

☒

I certify that the sponsor is not an entity that is owned or operated by a foreign government.

☒

I certify that the sponsor does not receive funding from a foreign government.

Purpose and Details

Provide a brief description of the trip.

This trip will provide an opportunity for Senate communications staff to hear and learn from professional communicators and legislative experts on how to improve communications with their constituents and the media.

Explain how the purpose of the trip relates to your organization's mission.

In accordance with its mission of educating and training the conservative movement, CPI is sponsoring this travel to educate and equip communications staffers with the skills and tools to more effectively communicate with constituents and the media.

Is your organization the only sponsor for this trip?

☒ Yes ☐ No

If No, describe your organization's role in planning the trip.

If there are multiple sponsors, each sponsor must submit Organization Information (Page 1 of the Private Sponsor Travel Certification Form) and a Signature Page Form.

Grantmaking Organizations (Optional)

If you have a Grantmaking Organization, you must attach a Grantmaking Organization Certification Form.

- 1.
- 2.
- 3.

With or Without Regard to Congressional Participation (Select one):

- ☐ The trip is arranged or organized without regard to congressional participation.
- ☒ The trip is arranged or organized with regard to congressional participation.

Lobbyist/Foreign Agent Involvement in Planning, Organizing, Requesting or Arranging

- ☒ The trip will not in any part be planned, organized, requested, or arranged by a registered lobbyist or agent of a foreign principal, other than de minimis involvement.

Lobbyist/Foreign Agent Financing (Must select all):

- ☒ The trip will not be financed in any part by a registered lobbyist or agent of a foreign principal.
- ☒ No funds or in-kind contributions were earmarked directly or indirectly for the purpose of financing this specific trip from a registered lobbyist or agent of a foreign principal or from a private entity that retains or employs one or more registered lobbyists or agents of a foreign principal.

Lobbyist/Foreign Agent Accompaniment

Complete if all sponsors are §501(c)(3) organizations (Select one):

- ☒ The trip is limited to three days (for trips inside the continental United States) or seven days (for trips outside the continental United States), and no lobbyist or agents of a foreign principal will accompany the Member, officer, or employee at any point throughout the trip
- ☐ The trip is limited to a one-day event (exclusive of travel time and one overnight stay) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee on any segment of the trip
- ☐ The trip is limited to a one-day event (exclusive of travel time and two overnight stays) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee on any segment of the trip

Complete if any of the sponsors is not a §501(c)(3) organizations (Select one):

- ☐ The trip is limited to three days (for trips inside the continental United States) or seven days (for trips outside the continental United States), and no lobbyist or agents of a foreign principal will accompany the Member, officer, or employee at any point throughout the trip
- ☐ The trip is limited to a one-day event (exclusive of travel time and one overnight stay) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee on any segment of the trip
- ☐ The trip is limited to a one-day event (exclusive of travel time and two overnight stays) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee on any segment of the trip

Certification of No Recreational Activity and No Alcohol (Must select all):

- ☒ Travel expenses paid for will not include expenditures for recreational activities.
- ☒ Travel expenses paid for will not include expenditures for alcohol, except as permitted by the Regulations Governing Privately Sponsored Travel.

Will members and staff from the House of Representatives receive invitations?

- ☐ Yes ☒ No

Travel Details (Submit additional pages as needed)

Trip Start Date/Time:
August 23, 2023 at 9 am



Trip End Date/Time:
August 25, 2023 at 1:20 pm

Will the traveler be accompanied by a family member for whom the sponsor will pay travel expenses?

☐ Yes ☒ No

Transportation (Member/Officer/Employee: \$⁰ Accompanying Family Member: \$⁰)

Transportation Type	Class	Amount
Van	Coach	0

Details (optional)

CPI will transport participating staff via its own vehicle.

Lodging (Member/Officer/Employee: \$¹⁹⁸ Accompanying Family Member: \$⁰)

Check-In	Check-Out	Facility	City	State	Country
08/23/23	8/25/23	Decoursey Bridge Road	Cambridge	MD	US
Nights	Cost/Night	Cost Exceed Per Diem (Yes/No)	If Yes, please explain why expenses over the per diem rate are reasonable and necessary.		
2	\$99	No			
Check-In	Check-Out	Facility	City	State	Country
Nights	Cost/Night	Cost Exceed Per Diem (Yes/No)	If Yes, please explain why expenses over the per diem rate are reasonable and necessary.		
Check-In	Check-Out	Facility	City	State	Country
Nights	Cost/Night	Cost Exceed Per Diem (Yes/No)	If Yes, please explain why expenses over the per diem rate are reasonable and necessary.		

Meals (Member/Officer/Employee: \$^{50-60/full day} Accompanying Family Member: \$⁰)

Date	Breakfast	Lunch	Dinner	Incidentals	Total	City	State	Country	Cost Exceeds Per Diem (Y/N)
5/23/23	\$10	\$10	\$34	0	\$54	Cambridge	MD	US	N
5/24/23	\$10	\$10	\$40	0	\$60	Cambridge	MD	US	N
5/25/23	\$12	0	0	0	\$12	Cambridge	MD	US	N

If costs exceed the federal per diem, please explain why expenses over the per diem rate are reasonable and necessary.

Reasonable Miscellaneous Expenses

(Member/Officer/Employee: \$⁰ Accompanying Family Member: \$⁰)

Expense Type	Amount	Notes

Additional Details (optional)

PRIVATELY SPONSORED TRAVEL

SPONSOR SIGNATURE PAGE

I hereby certify that the information submitted in connection with the trip listed below is true, complete, and correct to the best of my knowledge and belief.

Trip Name: Communications Specialist Retreat
August 23-25, 2023
Travel Date(s): Decoursey Bridge Road, Cambridge, MD
Travel Destination(s): _____
Sponsor: Conservative Partnership Institute

Ed Corrigan
(printed name of sponsor representative)

President & CEO
(title)

(signature of sponsor representative)

(date)

RE-1 Employee Pre-Travel Authorization

Date/Time Stamp

Pre-Travel Filing Instructions: Complete and submit this form at least 30 days prior to the travel departure date to the Select Committee on Ethics in SH-220. Incomplete and late travel submissions will not be considered or approved

Name of Traveler
Hannah Eddins

Employing Office/Committee
TUBERVILLE TOMMY

Private Sponsor(s)
Conservative Partnership Institute

Destination(s)
Cambridge, Maryland

Travel Dates:
08/23/2023 to 08/25/2023

NOTE: If you plan to extend the trip for any reason you must notify the Committee

Explain how this trip is specifically connected to the traveler's official or representational duties.
This is a press training trip where we will hear from various communications experts on how to better understand Senate procedures and amplify the senator's message.

Do you have an accompanying family member or spouse on this trip?
No

Name and Relationship to Traveler:
N/A

I certify that the information contained in this form is true, complete and correct to the best of my knowledge.

7/24/23

Date

Hannah Eddins

Signature of Employee

TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER
(President of the Senate, Secretary of the Senate, Sergeant at Arms,
Secretary for the Majority, Secretary for the Minority, and Chaplain)

Tommy Tuberville
(Print Senator's/Officer's Name)

hereby authorize

Hannah Eddins
(Print Traveler's Name)

an employee under my direct supervision, to accept payment or reimbursement for necessary transportation, lodging, and related expenses for travel to the event described above. I have determined that this travel is in connection with his or her duties as a Senate employee or an officeholder, and will not create the appearance that he or she is using public office for private gain.

I have also determined that the attendance of the employee's spouse or child is appropriate to assist in the representation of the Senate.

☐ (signify "yes" by checking box)

7/24/23

Date

Tommy Tuberville

Signature of Supervising Senator/Officer