

Date/Time Stamp

**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: Alyson Sincavage

Employing Office/Committee: Senator Padilla

Travel Expenses Paid by (List all sources): Stanford HAI

Travel Date(s): Aug. 7 - Aug. 10, 2023

Description/Title of Attached Forms: RE-2

Purpose of Amendment (describe the reason for amending original submission): missing signature

10/4/23

(Date)


(Signature of Traveler)

RE-2 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. **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):

Stanford HAI Congressional Boot Camp

Travel Dates:

Aug. 7 - Aug. 10, 2023

Name of accompanying family member (if any):**Relationship to Traveler:****Total Expenses**

Transportation Expenses	Lodging Expenses	Meals Expenses	Other Expenses (Amount & Description)
975.14	735	259	190.41 (ground transportation)

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.

10/4/23

Date

Alyson Sincavage

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.

10/4/23

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: