

COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Date/Time Stamp

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

2024 JAN 22 PM 1:34

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: Jade Rowland

Employing Office/Committee: Senator Mazie K. Hirono

Travel Expenses Paid by (List all sources): Blue Cross Blue Shield Association & Civica Incorporated

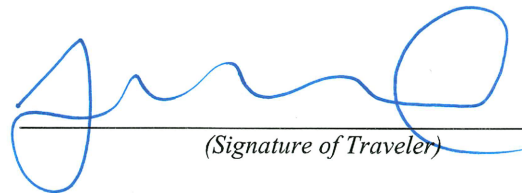
Travel Date(s): 9/8/2023

Description/Title of Attached Forms: RE-1

Purpose of Amendment (describe the reason for amending original submission): technical error in the travel portal

1/22/2024

(Date)


(Signature of Traveler)

RE-1 Employee Pre-Travel Authorization

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.

Date/Time Stamp

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Name of Traveler:

Jade Rowland

Employing Office/Committee:

HIRONO, MAZIE KEIKO

Private Sponsor(s):

Blue Cross Blue Shield Association & Civic

Destination(s):

Petersburg, Virginia

Travel Dates:

09/08/2023 to 09/08/2023

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.

I cover the health portfolio in Senator Hirono's Office, making policy recommendations and developing original legislation on various health and reproductive rights matters. This trip to a sterile injectable manufacturing facility will provide me insight into how drugs and biologics are manufactured in the United States and how inputs like materials and human capital are reflected in final drug costs.

Do you have an accompanying family member or spouse on this trip? **Name and Relationship to Traveler:**

☐

(signify "yes" by checking box)

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

8/30/2023

Date



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)

Senator Mazie K. Hirono

Jade Rowland

I _____ hereby authorize _____
(Print Senator's/Officer's Name) (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)

8/31/2023

Date



Signature of Supervising Senator/Officer