

Office of Congresswoman Carolyn Cheeks Kilpatrick

| Date: 10 / 21 / 200 8 | Cover sheet plus 2 pages |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| To: Peg PenL | Office: pages |
| Fax Number: | Telephone Number: |
| Re: Carib News | Trip |
| UrgentFor Review | Please Comment Please Reply |
| Comments: Revised | travel form. |
| | |
| From:Congresswoman Ca | rolyn Cheeks Kilpatrick |
| Kimberly Rudolph | Chief of Staff |
| Roxanne Scott | Executive Assistant/Scheduler |
| James M. Williams | Legislative Director |
| Asi Ofosu | Senior Policy Advisor |
| Jonathan Campbell | Legislative Assistant |
| Riley Grimes | Legislative Assistant |
| Washington 2264 Rayburn HOB Washington, DC 20515 Tel: 202-225-2261 Fax: 202-225-5730 Detroit, MI Tel: 313-965 Fax: 313-965 | ite 1B 3005 Biddle Street, Room A 48226 Wyandotte, MI 48192 7-9004 Tel: 734-246-0780 |
| Fax: 202-225-5730 Fax: 313-96 | |

PRIVACY AND CONFIDENTIALITY NOTICE

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U.S. House of Representatives Committee on Standards of Official Conduct

PRIVATELY SPONSORED TRAVEL: TRAVELER FORM For Members, Officers, and Employees

This form should be completed by House Members, officers, or employees seeking Committee approval of privately-sponsored travel or reimbursement for travel under House Rule 25, clause 5. The completed form should be submitted directly to the Committee by each invited House Member, officer, or employee, together with the completed and signed Private Sponsor Travel Certification Form and any attachments. A copy of this form, minus this initial page, will be made available for public inspection. Please type form. Form (and any attachments) may be faxed to the Committee at (202) 225-7392.

YOUR COMPLETED REQUEST MUST BE SUBMITTED TO COMMITTEE NO LESS THAN 14 DAYS BEFORE YOUR PROPOSED DEPARTURE DATE. Absent exceptional circumstances, permission will not be granted for requests received less than 14 days before the trip commences.

| Name of Traveler: Congresswoman Carolyn C. Kilpatrick |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I certify that the information contained on both pages of this form is true, complete, and correct to |
| Signature: Carolyn O. Kilpatade |
| Name of Signatory (if other than traveler): |
| For staff, name of employing Member/Committee: |
| Office address: 2264 Rayburn House Office Building |
| Phone number: (202) 225-226/ |
| Email address of contact person: CCK: patrick@mail. house.gov Check this box if the sponsoring entity is a media outlet and the traveler is a Member traveling to make a media appearance sponsored by that entity and these forms are being submitted to the Committee less than 14 days before the trip departure date. |
| NOTE: You must complete the contact information fields above, as Committee staff may need to contact you if additional information is required. |
| If there are any questions regarding this form please contact the Committee: |
| Committee on Standards of Official Conduct U.S. House of Representatives HT-2, The Capitol Washington, DC 20515 (202) 225-7103 (phone) (202) 225-7392 (fax) |
| ersion date 9/7008 by Comment |

U.S. House of Representatives Committee on Standards of Official Conduct

PRIVATELY SPONSORED TRAVEL: TRAVELER FORM

| 1. Name of Traveler: Congresswoman Carelyn C. Kilpatrick 2. Sponsor(s) (who will be paying for the trip): Carib News Foundation 3. Travel destination(s): St. Maarten, Na |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Travel destination(s): St. Maarten, Na |
| |
| 4. a. Date of Departure and Date of Return: Depart - November 6, 2008, Return - November b. Will you be extending the trip at your parent. |
| b. Will you be extending the trip at your personal expense? Yes Wo If yes, dates at personal expense: |
| 5. a. Will you be accompanied by a family member at the sponsor's owners a |
| of it yes, name of accompanying family member: |
| c. Relationship to traveler: Spouse Child Wother (specify): Sister 6. a. Did the trip sponsor are a "" |
| 6. a. Did the trip sponsor answer "yes" to Question 9(c) on the Trip Sponsor form (i.e., the travel is being sponsored by an entity that employs a lobbyist)? Yes No b. If yes, check one of the following: N/A - Sponsor checked 9(a) or 9(b) (1) Approval for one-night's lodging and meals is being requested: or (2) Approval for two-nights' lodging and meals is being requested: If "(2)" is checked, explain why the second night is warranted: |
| 7. Private Sponsor Travel Certification Form is attached, including agenda, invitee list, and any other attachments (indicate that form is attached by checking box): |
| 8. Explain why participation in the trip is connected to your individual official or representational duties: |
| FOR STAFF. and current legislative perspective on the topic of discu |
| Congressional and current legislative perspective on the topic of discurrence to give appropriate FOR STAFF: TO BE COMPLETED BY YOUR EMPLOYING MEMBER: |
| I hereby authorize the individual named above, an employee of the U.S. House of Representatives who works under my direct supervision, to accept expenses for the trip described in this request. I have acceptance of these expenses will not create the appearance that the employee's official duties and that private gain. |
| Date: |
| Signature of Employing Member OTE: This page must be submitted with your post-travel disclosure form within 15 days of your return, so you ould maintain a photocopy of the completed form for your records |

NOTE: This page must be submitted with your post-travel disclosure form within 15 days of your return, so you should maintain a photocopy of the completed form for your records.

U.S. House of Representatives

COMMITTEE ON STANDARDS OF OFFICIAL CONDUCT

Washington, DC 20515

October 21, 2008

The Honorable Carolyn C. Kilpatrick U.S. House of Representatives 2264 Rayburn House Office Building Washington, DC 20515

Dear Colleague:

Pursuant to House Rule 25, clause 5(d)(2), the Committee on Standards of Official Conduct hereby approves your proposed trip for you and your sister to St. Maarten, N.A. scheduled for November 6 to 9, 2008 sponsored by the Carib News Foundation.

You must complete a Member Travel Disclosure Form and file it with the Clerk of the House within 15 days after your return from travel. As part of that filing, you are required to attach a copy of this letter and the Private Sponsor Travel Certification Form, including attachments. You must also report all travel expenses totaling more than \$335 from a single source on Schedule VII of your annual Financial Disclosure Statement.

Because the trip may involve meetings with foreign government representatives, we note that House Members may accept, under the Foreign Gifts and Decorations Act, gifts "of minimal value [currently \$335] tendered as a souvenir or mark of courtesy" by a foreign government. Any tangible gifts valued in excess of \$335 received from a foreign government must, within 60 days of acceptance, be disclosed on a Form for Disclosing Gifts from Foreign Governments and either turned over to the Clerk of the House, or, with the written approval of the Committee, retained for official use.

However, we would note that since this trip is scheduled to commence after the general election on November 4, 2008 and because officially-connected travel must be related to official duties, it may be questionable whether a Member who was not reelected in the general election should to accept an invitation for a trip that is fact-finding in nature. Arguably, as of that time, the official responsibilities that may justify the acceptance of travel expenses for such a purpose will have come to an end. This consideration generally will not limit the Committee's authority to approve travel of a departing Member to participate substantially in an officially-related event (for example, to give a speech). Please keep this guidance in mind, as you may need to reevaluate your ability to participate in the trip following the election.

The Honorable Carolyn C. Kilpatrick October 21, 2008 Page 2

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-7103.

Sincerely,

Acting Chairman

Ranking Republican Member

GG/DH:pgp

| Amendment |
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U.S. House of Representatives 110th Congress

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MEMBER / OFFICER POST-TRAVEL DISCLOSURE FORM

This form is for disclosing the receipt of travel expenses from a private source 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 Member or officer's annual Financial Disclosure Statement. 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 15 days after travel is completed. The Clerk is to make these forms available to the public as soon as possible after they are received.

| 1 | | Name of Traveler: Carolyn Cheeks Kilpatrick |
|----|----|------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 | | a. Name of Accompanying Family Member (if any): Marsha Cheeks |
| | | b. Relationship to Member/Officer: Spouse Child Other (specify): Sister |
| 3 | | a. Date of Departure and Date of Return: Depart- Nov 6, 2008, Return- Nov 9, 2008 |
| | i | b. Dates at personal expense (if any): |
| 4. | j | Itinerary (cities of departure – destination – return): attached - |
| | | |
| 5. | S | Sponsor(s) (who paid for the trip): Carib News Foundation |
| 6. | ľ | Describe meetings and events attended (attach additional pages if necessary): |
| 7. | A | ttached to this form are EACH of the following (signify that each item is attached by checking the orresponding box): |
| | a. | the Private Sponsor Travel Certification Form completed by trip sponsor, including all attachments; |
| | b. | the Traveler Form completed by the Member or officer; and |
| | c. | the Committee on Standards' letter approving my participation on this trip. |
| 8. | a, | I represent that I participated in each of the activities reflected in the sponsor's agenda. (Signify that statement is true by checking box): |
| | b. | If not, explain: |
| | | |

9. TRIP EXPENSES: Obtain actual dollar amounts from the sponsor. If exact dollar amounts are unavailable by the due date, provide a good faith estimate and file an amended form once the correct amounts are received.

| Province from the matter and analysis of principle professional party in the figure of the first principle of the | Total Transportation Expenses | Total Lodging Expenses | Total Meal Expenses | ~ . · |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------|---------------------|--------------|
| For Member or Officer: | \$410.00 | \$405.00 | | : |
| For accompanying family member: | \$ 410.00. | \$ 405.00 | | 1 |

| | Other Expenses (dollar amount) | Specific Nature of Expenses (e.g., taxi, parking, registration | fee, etc.) | - |
|---------------------------------|--------------------------------|----------------------------------------------------------------|-------------------------------------|-------|
| For Member or Officer: | \$175.00. | | and the second states of the second | ٠. |
| For accompanying family member: | *175.00 | Registration | Fee | ' |

I certify that the information contained in this form is true, complete, and correct to the best of my knowledge. I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member or Officer of the U.S. House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE OF MEMBER:

Nov. 19, 2008

Version date 9/2008 by Committee on Standards of Official Conduct

Carib News Foundation



New York, NY 10018

7 West 36th Street, 8th

3 2 2 2 2 7 3 6 11

Tel: (212) 944-1991:

14-2089

E-mail:

info@caribnewsconference.com

TO

:

Congressman Charles Rangel

Congresswoman Donna Christensen Congressman Bennie Thompson Congressman Donald Payne

Congresswoman Carolyn Cheeks Kilpatrick

FROM:

Karl B. Rodney

DATE:

November 18, 2008

SUBJECT:

Business Conference Travel Information

The following is the breakdown of the value for the 13th Annual Caribbean Multi-National Business Conference held in St. Maarten, N.A. from November 6-9, 2008.

Airfare

\$410.00

Hotel

\$405.00

Registration/

\$175.00

Transportation

Total amount of package = \$990.00

18 John .

Organized by Carib News Foundation. A non-profit project 501-C-3 corporation

Scott, Roxanne

From:

carib-desk@att.net

Sent:

Wednesday, November 19, 2008 3:37 PM

To:

carib-desk@att.net

Subject:

Post-Travel information

Attachments: Disclosure information for Business Conference 2008.doc

Please disregard previous e-mail.

Attached is information for the post-travel disclosure form, with regard to the 2008 Business Conference held in St. Maarten, November 6-9, 2008.

Regards

Patricia Louis **Executive Assistant** NY Carib News Ph: (212) 944-1991

Fax: (212) 944-2089