





FORM NO. 1  
COVER SHEET

COMMISSION OF INTERNATIONAL  
TRAVELERS REPORT

DATE

NAME

ADDRESS

STATE

CITY

TELEPHONE

POSTAL CODE

COUNTRY

DATE OF TRIP

TYPE OF TRIP

REASON FOR TRIP

PLACES VISITED

ACTIVITIES ENGAGED IN

PERSONS MET

COMMENTS

REMARKS

SIGNATURE

DATE

PLACE

STATE

CITY

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

18 FILER NAME

19 Filer ID (Ethics Commission Filer)

**POLITICAL EXPENDITURES MADE  
FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Ranking

Event Expense  
Fees

Loan Repayment/Reimbursement  
Office Overhead/Dental Expense

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expenses