

Another farmer, Joe Aguilar, who I talked about earlier, said, "You either have to beat 'em or join 'em, and I decided not to do either," so he sold his farm of 6,000 acres that his family had had for 100 years.

Our farmers and ranchers can't afford their own security detail, Staples said. We're going to become more dependent on food and commodities from other countries if we don't do something about it.

The President sent 14,000 National Guard people or 17,000 National Guard people down to the Gulf of Mexico when that oil spill took place off that derrick, but we've only sent 1,400 National Guard troops down to the Texas American border, which is 1,980 miles long.

We are never going to solve that border problem unless we really realize that it is an area that we have to focus on, that it's a war, that our citizens are in danger down there, and that we can't any longer allow drug dealers to have sites in the United States where they have binoculars and weapons so they can watch for the Border Patrol agents and so they can tell their counterparts to bring drugs across the border or to bring terrorists across the border because they know that the coast is clear.

□ 1700

This is something that we can't tolerate. We need to protect our border agents. They ought to have guns that they can use to stop these people. They shouldn't be shooting beanbags at them. And we certainly shouldn't be asking our CIA, DIA, DEA agents to go into Mexico to fight the drug dealers and find out what's going on and tell them they can't even have a weapon to protect themselves. This is insane.

The other thing I talked about earlier was the oil situation. It's insane for us to become more dependent on foreign energy at a time when our economy is floundering, we've still got unemployment at around 9 percent, business people can't make plans because they don't know what their energy costs are, and the people who go to work are paying \$3.50 to \$4 for a gallon of gas.

We can do better, and the President ought to do better. And I hope, Mr. Speaker, that the message will get to the White House loud and clear before it's just too late and our economy is hurt further.

Mr. Speaker, I yield back the balance of my time.

OBAMACARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from Iowa (Mr. KING) is recognized for 30 minutes.

Mr. KING of Iowa. Mr. Speaker, it is again a privilege to be recognized to address you here on the floor of the House of Representatives. And it's a privilege to sit here in this Chamber

and listen to the gentleman from Indiana (Mr. BURTON) talk about these critical issues for the United States of America.

Each of us that come down here on so many days come here for the purpose of bringing up these critical issues and informing you, Mr. Speaker. And while that's going on, there are people all across America that are listening in and deciding for themselves the priorities and deciding for themselves what kind of job we're doing here in Congress.

I'd love to step in on the immigration debate and burn up about 30 minutes talking about that, but Mr. Speaker, I need to have this discussion with you about ObamaCare. There are a fair number of different strategies that are working here in the House of Representatives—and perhaps a number of different strategies, to some degree, going on in the United States Senate—but the circumstances are this:

Almost 1 year ago, ObamaCare passed the United States Congress and was messaged to the President, where he eagerly signed the bill. It was a combination of legislative shenanigans that took place. The bill itself that came to the floor was not a product of committee; it was a bill that was written by Speaker PELOSI's staff and her office with who knows what input and it was dropped on us in a fashion that didn't allow us an opportunity to evaluate it there, then, or on the spot. It was a combination of two bills. One of them was ObamaCare as it went out of the House over to the Senate. The Senate then promised, on the condition that ObamaCare be passed—and the votes that were necessary to pass the basis of ObamaCare were generated because the Senate decided that they would, under a reconciliation plan, avoid the filibuster rules of 60 votes in the Senate. They sent us a reconciliation plan that altered and amended ObamaCare itself. And in that package was a promise from the President of the United States that he would issue an Executive order that would take care of the concerns of the pro-life Members—pro-life Democrats who wouldn't vote for ObamaCare as long as it funded abortion.

And so the audacity of the President of the United States to take the position that he could amend legislation that passed this Congress by Executive order—which is not a constitutional position, Mr. Speaker—but that audacity was swallowed by enough people that they voted ObamaCare out of the House marginally. The reconciliation package that came from the Senate squeaked out of there because of the promises that were made and came over here and was passed because of the promises that were made. And the final cap on it was the President's Executive order that was supposed to amend ObamaCare.

And what do we have in all of this mess? We have 2,500 or so pages that are so convoluted—and if anybody in

this Congress, any lawyers out there that propose to be experts, anybody that's staff on Energy and Commerce, or former Speaker PELOSI, or anybody else out here, I don't think there's a single person on the planet, no matter how good their background, no matter how intelligent, no matter how well read, no matter how many research books they might have to work with, if you would shut them in an office and cut the wires and the wireless to the outside world, not a single person out of these 6-plus billion people on this planet could read ObamaCare and be able to analyze all that it does or its implications on the lives of 300-plus million Americans. It's not possible to do so. We did, I think, a very good job of analyzing what it was in broad terms.

Some of us knew going in that there was deceptive language written into ObamaCare that automatically appropriated funds that would set up the implementation of ObamaCare—even if Congress appropriated no money to it, that would put the implementation in place and churn it on in perpetuity, Mr. Speaker. Some of that information I believe came out of some of the members of the Energy and Commerce Committee that had been analyzing this bill last fall. I believe that we had some verbal discussions on it—not here on the floor necessarily, but on-the-side conversations that I had with some of the better-informed Members of this Congress, and they aren't all here any longer in this 112th Congress.

But as we came into January, I'm thinking about how we unfund ObamaCare. And it has been my argument all along, Mr. Speaker, that the strategy is this: That first, a lot of us used all of our energy to do the best we could to kill ObamaCare. In spite of all of that, in spite of the tens of thousands of people that came from every single State in the Union to come in here and surround this Capitol and tell them keep your hands off of my health care, still the former Speaker of the House marched through the crowds with her over-sized gavel in her let-them-eat-cake moment and imposed ObamaCare on America.

Shortly after the moment that that vote went up on the board I went down to the people that had—and I say surrounded this Capitol; it wasn't just a human chain around the Capitol, it was a human doughnut around the Capitol. It was six and eight people deep all the way around the United States Capitol, unbroken, human doughnut around the Capitol, still with thousands of people left over in the corner, so to speak. If you envision a circle—there isn't one, I understand, but they were standing in clusters by the thousands. Still, not part of that human doughnut, they came here and said keep your hands off of our health care.

That bill finally passed here on the floor and was messaged to the Senate. And I went down with that group, as did MICHELE BACHMANN and several

others—Pete Hoekstra of Michigan comes to mind as another individual that was back and forth communicating with the people that came here to peacefully petition the government for redress of grievances, exactly in line with the First Amendment to the Constitution. And I promised them, as did MICHELE BACHMANN, that I would introduce legislation to repeal ObamaCare. That happened the very next day, and it happened for us within 3 minutes of each other.

So I laid out, though, the strategy over the next few days and weeks to repeal ObamaCare. And I'm going to refresh this now, Mr. Speaker, for the minds of those who are paying attention, and it's this: First, all energy was focused on killing ObamaCare. I didn't burn up 1 minute of media time that I can think of talking about what to do if it passed. I remember people asking me out here in the crowd, what will you do if it passes? And my answer was, "I'm focused on killing it. We'll worry about that, that's another subject for another time, I'm focused on killing it." Well, it did pass. And we turned the focus, then, on repealing it. And the beginning of that was that opening of business—actually same day because this passed after midnight on a Sunday night, so it was Monday morning. This Congress opened for business at 9 o'clock. At that minute, there were two requests waiting in place to bring the legislation to repeal ObamaCare.

□ 1710

Then I began to lay out this strategy which was, get as many cosponsors on the repeal as possible. And as that number grew, sometime in June, or towards the summer, I introduced a discharge petition. That discharge petition was designed to gain 218 signatures. With that, the Speaker of the House and no one can block it. It must come to the floor, no amendments, for an up-or-down vote. Well, we got to 178 signatures on the discharge petition, which is pretty good. I believe that number was 178. I question that, because there were six Republicans that did not sign it, but all but six signed it. We had one Democrat that signed it. So I guess that takes it down there to maybe 173, looks more like the number. I would just correct that for the record, Mr. Speaker. Let that be 173 signatures on the discharge petition. We were working for 218, is the point. Yet the discharge petition that, if it had been brought to the floor, would have been voted on and could have passed, and if it had been forced to the floor under a discharge petition, it would have passed and we would have repealed ObamaCare from the House then.

But it always was a way to get people on record so we knew who was for repeal of ObamaCare and who was unwilling to go on record for repeal of ObamaCare. And it always was something that candidates for Congress could look at that and challenge the

individual that they were running against: "Why didn't you sign the discharge petition. Are you really against ObamaCare? Your name's not on there."

It was useful for a good number of candidates, and some of them have said they wouldn't be here in this Congress today if they didn't have the discharge petition to measure their opponent with. So it always had a utility in two ways: seeking to repeal ObamaCare, and putting a marker down so that the American public could discern, who's for ObamaCare and who's against it and who's afraid to take a position.

All that was taking place last summer, all the way on up through August, September, October and into the election on the 2nd day of November, where, through the summer, continuing the strategy. It was not just the discharge petition. It was use it and other things, and win the majority here in the House. When we have the majority in the House, then we can bring the repeal of ObamaCare.

And I said for a long time: Repeal of ObamaCare needs to be H.R. 1. That's the highest priority for the Speaker of the House. The Speaker traditionally gets the first 10 bills to name, H.R. 1 through H.R. 10. You can look at the priority by their number. So number 1, I believe, needed to be the repeal of ObamaCare as the highest priority, Mr. Speaker.

Well, it turned out that H.R. 2 was the repeal of ObamaCare. All right. There's no complaint on my part. That's a very high priority, in any case, and we did pass the repeal of ObamaCare, consistent with the strategy that I laid out way last summer.

And then, way last summer, I was making the case that no money can be spent by the Federal Government unless the House of Representatives agrees to it. We can shut off all funding to ObamaCare here in the House of Representatives, and if the Senate disagrees and the House says no, then no money gets spent by the Federal Government, until we reach an agreement. That's what's going on right now, Mr. Speaker.

So, I argued then and I argue now that part of this strategy to undo ObamaCare has to be to unfund ObamaCare. To defund ObamaCare, to phrase it a little bit differently. It was always part of the strategy going back almost a year. And as we move forward to defund ObamaCare, we need to understand that there were automatic appropriations that were written into ObamaCare, and that's part of the dialogue that was going on last fall in a very quiet little way but no one had drilled into it that I know of and looked at all of the pieces, on our side. On the other side, they wrote it in.

So I'd like to hear from someone who was involved in that on the Democrat side, I'd like to hear from former Speaker PELOSI, or maybe I'd like to hear from the whip, STENY HOYER: Did they know it was in there? Of course

they did. Did they direct their staff to write it in there? Probably. Who on that staff devised this strategy to put in all of these threads that add up to \$105.5 billion? I would like to know the answer to that question. That will emerge over time, as history has a way of uncovering these things.

But, in any case, the automatic funding was there. Another way to phrase it would be self-enacting funding was there. And I drafted language to cut off the funding to ObamaCare patterned off of the funding that was shut off to put an end to the Vietnam War. That's in the CONGRESSIONAL RECORD and in the media record some time back. But about 5 or so years ago, I got curious as to how I remembered the Vietnam War being ended versus what actually happened. I went back and read the CONGRESSIONAL RECORD and the debate on that, Mr. Speaker. The CONGRESSIONAL RECORD reveals this: There were about three different places and perhaps more, but we uncovered three different places in appropriations bills where Congress shut off the funding to carry out the war in Vietnam. It began in 1973. The most significant was on a continuing resolution in the spring of 1974. As I read through that language, maybe 5 years ago, it gave me an inspiration on how to bring language to shut off the funding to ObamaCare.

I'm going to go from memory here. It's in the CONGRESSIONAL RECORD. So it won't be precisely accurate but it thematically will be right. The language that was written into a continuing resolution in the spring of 1974 that shut off the American support in the war in Vietnam reads close to this: Notwithstanding any other provision of law, no funds in this act and no funds in any act heretofore appropriated shall be used for offensive or defensive operations in the land of Vietnam, in the skies over it, the seas adjacent to it or in the adjacent countries, and it names at least Laos and Cambodia along the side. I believe they also said Thailand. But it named the countries next to it and it said, no funds shall be used for offensive or defensive operations, Vietnam, the skies over it, the seas adjacent to it or the countries adjacent to it, and no funds in any act heretofore appropriated shall be used for such purpose.

In other words, whatever money was in the pipeline got shut off. They shut off all involvement. And you can imagine, and I don't know it to be factually true, Mr. Speaker, that there were bullets and grenades and munitions that were being unloaded on the dock at Da Nang that were loaded back up again on the ship and hauled away. I don't know that to be fact, but figuratively that's what happened. They shut off everything. With language written into a continuing resolution, they shut off a war here in the United States Congress.

Now if we can shut off a war here in the United States Congress and stop all the money that's in the pipeline and

any money that might be coming at the same time and all the funds that are in the act, none of them can be used to conduct the operations in Vietnam, we can sure as the world in a continuing resolution write legislation that will shut off all of this automatic funding that was written into ObamaCare. How could anyone imagine that somehow because the Congressional Research Services defined the spending that is automatic spending here in the ObamaCare act, they called it mandated appropriations and fund transfers. Mandated appropriations and fund transfers have been defined by some folks as mandatory spending. And then they go on to argue that mandatory spending cannot be addressed in an appropriations bill. I would remind them, this is the United States Congress, and the former majority in this Congress wrote all this into a bill. And it's automatic funding. It's self-enacting funding. It's not completely unprecedented as a tactic, but it is completely unprecedented in its magnitude. Therefore, this Congress can't be hiding behind a rule or defining a piece of legislation as mandatory spending. We're not mandated by any previous Congress. No Congress can bind a subsequent Congress. If this House of Representatives says no, then "no" means "no." We sometimes have to remind the Senate over and over again, and we would have to do that under the proposal that I'm making.

But I will tell you, Mr. Speaker, that this is an unconstitutional bill. It's been pushed through this Congress in an unprecedented fashion, with a series of shenanigans that this country has never seen before. Two Federal courts have found it unconstitutional, Judge Vincent found it completely unconstitutional, and it's on its way through the circuit and to the Supreme Court and it should be expedited directly to the Supreme Court, except the White House is holding the ball. The White House is holding the ball because their tactic is to try to get ObamaCare implemented to the maximum amount before such time, so that it becomes too late to pull it out by the roots. That's part of the tactic.

So from the litigation standpoint, the unconstitutional components are the unconstitutional mandates, compelling States in violation of the 10th Amendment that they have to comply with an act to provide these services, and compelling individuals that they have to buy insurance even though they're not participating in the system whatsoever.

□ 1720

That's never been done before. It's completely unprecedented, Mr. Speaker. So we see the Obama administration now offering a little carrot out there to the States, to the Governors, saying we will waive the mandate for the States. Now, the caveat is you have to provide an equal or better policy yourself in order to be able to qualify

for the waiver, and you've got until 2014 to do that.

But that act, which likely won't come to any kind of fruition, is a means, I believe, to take away the argument that it's an unconstitutional mandate on the States. The White House has also had language that came out a couple of weeks ago that they would consider or entertain the alteration or perhaps the elimination of the individual mandate.

Now, that's the second component that might come out of the White House that would, if those two provisions were altered in practice, they can go before the Supreme Court and argue that it's not a constitutional violation because it's not really a mandate. And that's how they hope to walk through this thicket of constitutional prohibitions and hopefully they can find a decision at the Supreme Court level that will allow them to impose ObamaCare on the rest of America. That's their litigation tactic, Mr. Speaker.

Their legislation tactic is this: The pressure that grows, they're trying to take the pressure off. So when the House played into their hands a week or so ago by bringing legislation on the 1099 component of this, this outrageous requirement that people report to the IRS any cumulative transactions with any entity that meet or exceed \$600 in a year, which means if you pay somebody to mow your lawn you have to turn in a squeal form to the IRS. And this is something that was put into ObamaCare, these extra requirements, because they were able to score it as, my memory is that it was then \$17 billion it was supposed to generate in taxes because the IRS was going to go in and audit these squeal forms, the 1099 forms.

Well, in any case, that was the most objectionable component in the short term that came with ObamaCare. Therefore, this House picked this up and sent it to the Senate. And what happens? The Democrats in the Senate are going to take it and send it to the President. Why? Because they think that people shouldn't be required to file the 1099 forms and they can find another place to come up with \$17 billion? No, Mr. Speaker, that's not it. It's this: They understand that the objections to the 1099 squeal forms that were written into ObamaCare are the most egregious of all in the short term, and they want to take the lid off the pressure cooker, let some steam out, put the lid back on, and they want to continue to frantically implement ObamaCare with the \$105.5 billion that is written into it and the self-enacting automatic spending that is there.

So as the pressure builds against ObamaCare, they're willing to take a little piece off here, lift the lid off the pressure cooker there, and drain that heat down so that they can hang on to the major components of ObamaCare and get it implemented. And while we have a whole series of different initiatives that are going on around here

driven now by the new Republican majority, five different proposals within Energy and Commerce to change the language from mandatory spending to, I suppose, optional spending or something, all of those are authorization pieces of language. There is no leverage to get them passed. If Energy and Commerce passes that legislation, it goes over to HARRY REID's desk where it probably goes directly into the trash, not into the desk drawer.

So we can't produce leverage to change the definition. We have to look at the leverage that we have, the leverage that we're gifted with. And it's this: This government comes to, runs out of money at midnight, March 18. We are all staring at that deadline. And the House of Representatives has demonstrated clearly that we want to avoid having the President or HARRY REID shut this government down. We want to keep this government functioning in a responsible fashion.

But I will say, Mr. Speaker, that functioning in a responsible fashion is not turning a blind eye to \$105.5 billion. It is not wondering where this number came from. This number is in this CRS report. This is a Congressional Research Services report titled, "Appropriations and Fund Transfers in the Patient Protection and Affordable Care Act." It's written by C. Stephen Redhead, specialist in health policy, and it's dated February 10, 2011.

In this, now that the numbers are in here, when you go through and highlight the numbers, we put it into a spreadsheet. This spreadsheet, Mr. Speaker, this spreadsheet shows the total of all these automatic appropriations. They come to \$105.464 billion, and that's over a decade period of time. This is the minimum. This is the threshold number. It's not the maximum amount that can be spent.

Just to give an example, here is one of the items in here of automatic appropriations, self-enacting appropriations that shows this. Let's see, it totals \$10 billion through FY19. But this is for Medicare innovation. Medicare innovation. This is funds that goes to Congressional Medicare or Medicaid Services, CMS, FY11 it's \$1 billion. And it's written in such a way that it's \$1 billion every year, and here's the language, in perpetuity, Mr. Speaker.

This is one example of Medicare innovation that gets appropriated automatically, written and hidden into the bill, a billion dollars every year for Medicare innovation that goes on in perpetuity. And it doesn't require an act of Congress. It's not an act of an Appropriations Committee in the 112th Congress that funds the FY12 or 11 or any subsequent year. This is the perpetual motion machine that keeps spitting out money. It will spit out money forever. It will spit out money until Congress conducts an affirmative act to shut off this funding.

That's what I sought to do with the amendment that I offered in H.R. 1, which said, patterned off of the Vietnam War amendment, it said—and I'm

going to do this in summary, too—notwithstanding any other provision of law, no funds in this act, and no funds in any act previously enacted, shall be used to carry out the provisions of, in summary, ObamaCare. That language pulls out by the roots everything that's here in this CRS report and shuts off the automatic appropriations.

There is an issue, also written into ObamaCare, another sleight of hand that took place. There are many others, but this one is particularly egregious that grants the authority to the Secretary of Health and Human Services to do transfers to fund the implementation of ObamaCare essentially at her discretion, and probably out of the U.S. Treasury, just to do the automatic appropriations; to grant that kind of authority to a bureaucrat, to circumvent Congress, to set up that authority, a transfer authority, which is the equivalent of an appropriations authority that goes on in perpetuity to the Secretary of Health and Human Services. While there are automatic appropriations to the tune of \$105.5 billion for a decade that also go on in perpetuity without—so binding the future Congress in a way that requires an affirmative action on this Congress's part to shut it off.

So, Mr. Speaker, where I am is this: I am done dancing around with all of this. I've looked at it. I've analyzed it. I've joined with some of my colleagues. I thank my colleague MICHELE BACHMANN for raising this up in the media and doing as much media as she has done over this last week or so. I drove this with all that I had back when we were working on and building up to and passing H.R. 1. I will continue to do so.

We must shut off this funding. We must do it affirmatively. We need to do it where we have leverage. There are only two places where there is leverage: that is in the continuing resolu-

tion in one place, and the other one is the debt ceiling. But what I have said is I will vote for no appropriations bill that funds Planned Parenthood. I will vote for no appropriations bill that should be shutting off the funding, the automatic funding especially to ObamaCare. That's where I stand. That's where I will stand.

If enough Members of this Congress stand with me, we will put an end to ObamaCare. And we need to do so early. We've got a lot of good work to do in this Congress. We can either look forward to a long, protracted battle, a war of attrition over this that goes on over the entire 112th Congress and on through the elections of 2012, including the Presidential election of 2012, or we can pull this tumor out by the roots, this malignant tumor called ObamaCare that is metastasizing as we speak while this automatic funding is being poured in and likely being transferred. We can put the brakes on it.

□ 1730

We can pull it out by the roots, every bit of it, get rid of it lock, stock, and barrel. That's what we must do. It's our obligation, our pledge, and this House has voted to repeal it. This House has voted to unfund it, and every Republican in the House and every Republican in the Senate has voted to repeal ObamaCare. Two Federal courts have found it unconstitutional. It is irresponsible to tolerate the funding to ObamaCare while it goes on on our watch, while we have the power to shut it off, and while we understand that it is unconstitutional into the bargain.

So, Mr. Speaker, I came to this floor tonight to urge this House to stand together, to write the language into the CR that I asked be written into H.R. 1 so we can go forward and join with the American people, the supermajority of the American people that have rejected ObamaCare, that want their liberty

back, that want constitutional legislation coming out of this place. The very reason that there are 87 new freshman Republicans in this House of Representatives: Every one of them ran on repeal of ObamaCare. Every one of them voted to repeal it. They brought a new mandate here. Many of us have been standing here fighting it.

I welcome them, God's gift to America, and I ask all, Mr. Speaker, to join with me. Let's shut off all of this funding to ObamaCare; that that is in the existing appropriations and that that is automatically appropriated, whether some might want to call it mandatory spending—I call it self-enacting automatic appropriations—written in a deceptive fashion, must be shut off, and I will continue to work on this cause with every effort that I have, Mr. Speaker.

I appreciate your attention and your indulgence.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. HURT (at the request of Mr. CANTOR) for today on account of attending the memorial service of a fallen soldier.

Mr. REICHERT (at the request of Mr. CANTOR) for today on account of the passing of his mother-in-law.

ADJOURNMENT

Mr. KING of Iowa. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 5 o'clock and 31 minutes p.m.), under its previous order, the House adjourned until tomorrow, Thursday, March 10, 2011, at 10 a.m. for morning-hour debate.

EXPENDITURE REPORTS CONCERNING OFFICIAL FOREIGN TRAVEL

Reports concerning the foreign currencies and U.S. dollars utilized for Speaker-Authorized Official Travel during the third quarter of 2007; third and fourth quarters of 2008; first, second, third and fourth quarters of 2009; and first, second, third, and fourth quarters of 2010 pursuant to Public Law 95-384 are as follows:

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON AGRICULTURE, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN OCT. 1 AND DEC. 31, 2010

| Name of Member or employee | Date | | Country | Per diem ¹ | | Transportation | | Other purposes | | Total | |
|--|---------|-----------|---------|-----------------------|--|------------------|--|------------------|--|------------------|--|
| | Arrival | Departure | | Foreign currency | U.S. dollar equivalent or U.S. currency ² | Foreign currency | U.S. dollar equivalent or U.S. currency ² | Foreign currency | U.S. dollar equivalent or U.S. currency ² | Foreign currency | U.S. dollar equivalent or U.S. currency ² |
| | | | | | | | | | | | |
| HOUSE COMMITTEES | | | | | | | | | | | |
| Please Note: If there were no expenditures during the calendar quarter noted above, please check the box at right to so indicate and return. <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Committee total | | | | \$0.00 | | \$0.00 | | \$0.00 | | | \$0.00 |

¹ Per diem constitutes lodging and meals.

² If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

HON. FRANK D. LUCAS, Chairman, Feb. 1, 2011.

(AMENDED) REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON FOREIGN AFFAIRS, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN OCT. 1 AND DEC. 31, 2010

| Name of Member or employee | Date | | Country | Per diem ¹ | | Transportation | | Other purposes | | Total | |
|----------------------------|---------|-----------|--------------|-----------------------|--|------------------|--|------------------|--|------------------|--|
| | Arrival | Departure | | Foreign currency | U.S. dollar equivalent or U.S. currency ² | Foreign currency | U.S. dollar equivalent or U.S. currency ² | Foreign currency | U.S. dollar equivalent or U.S. currency ² | Foreign currency | U.S. dollar equivalent or U.S. currency ² |
| Hon. Barbara Lee | 10/5 | 10/7 | Brazil | | 1,085.44 | | | | | | 1,085.44 |