

**DISCLOSURE BY ELECTED PUBLIC EMPLOYEE
OF TRAVEL EXPENSES SERVING A LEGITIMATE PUBLIC PURPOSE
AS REQUIRED BY 930 CMR 5.08(2)(d)2.**

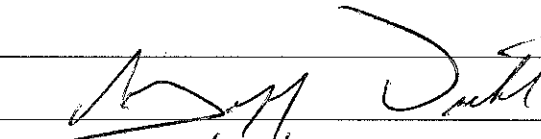
	ELECTED PUBLIC EMPLOYEE INFORMATION
Name of elected public employee:	Geoffrey G. Diehl
Title/ Position	Representative
Agency/ Department	House of Representatives
Agency address:	Room 167, State House Boston, MA 02133
Office phone:	617-722-2810
Office e-mail:	Geoff.diehl@mahouse.gov
Write an X to confirm each statement.	<p>I am filing this disclosure because:</p> <p><input checked="" type="checkbox"/> I am going to engage in an activity that serves a legitimate public purpose, i.e., it is intended to promote the interests of the Commonwealth, a county or a municipality; and</p> <p><input type="checkbox"/> A non-public entity (but not a lobbyist) has offered to reimburse, waive or pay travel expenses and costs worth more than \$50.</p>
	ACTIVITY THAT SERVES A LEGITIMATE PUBLIC PURPOSE
Describe the activity which is the reason for traveling.	The State Legislative Leaders Foundation is hosting a summit on healthcare policy at John Hopkins Medicine in Baltimore, ME. This summit will include speakers and panelists who are experts in the medical field and healthcare policy affording attendees the opportunity to ask questions and bring insights back to their respective states/ districts.
Describe your participation in the activity.	Attendee reviewing healthcare policy, affordable care act, et al., with fellow legislators.
Date, time and location of activity.	September 13-15 2012.
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	The cost of healthcare is on the rise and many questions are unanswered in the wake of the recent healthcare cost reforms of 2012. This summit will help to shed light on the outcomes of various reforms on the state and federal level.

**RECONCILIATION STATEMENT
AS REQUIRED BY 930 CMR 5.08(2)(d)3.**

	PUBLIC EMPLOYEE INFORMATION
Name of employee:	Geoffrey G. Diehl
Title/ Position	Representative
Agency/ Department	House of Representatives
Agency address:	Room 167, State House Boston, MA 02133
Office Phone:	617-722-2810
Office E-mail:	Geoff.diehl@mahouse.gov
	<p>I previously filed a disclosure explaining that I accepted reimbursement, waiver or payment by a non-public entity (but not a lobbyist) of travel expenses related to an activity or speaking engagement that served a legitimate public purpose. I am filing this Reconciliation Statement because the actual amount of the travel expenses differed by more than \$50 from the amount I originally disclosed.</p> <p>I HAVE ATTACHED A COPY OF MY PREVIOUS DISCLOSURE.</p>
	ADDITIONAL EXPENSES
Date of activity or speaking engagement:	Sept. 13 – 15, 2012
Reason that the actual amount differs from the previously disclosed amount by \$50 or more:	<i>Costs for meals/ taxis could not be accurately calculated until the actual date and time of activity.</i>

**PLEASE INCLUDE DETAILED INFORMATION
ONLY ABOUT AMOUNTS THAT DIFFER FROM THE AMOUNTS ORIGINALLY DISCLOSED.**

	<u>Previously disclosed amount</u>	<u>Actual amount</u>
Transportation:	\$143.60	\$199.65
Lodging:	\$598.30	\$598.30
Meals:	\$0.00	\$408.69
Admission:		
Other (please list):		
Total:	\$741.90	\$1206.64

Employee signature	
Date	10/15/12

Attach additional pages if necessary.

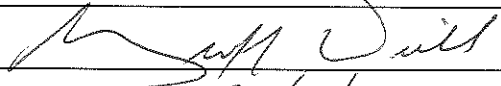
Non-elected public employees - file with your appointing authority.

Elected state or county employees - file with the State Ethics Commission.

Members of the General Court -
file with the Senate or House Clerk or the State Ethics Commission.

Elected municipal employee - file with the city or town clerk.

Elected regional school committee member --
file with the clerk or secretary of the committee.

TRAVEL EXPENSES	
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	Steven Lakis, President, State Legislative Leaders Foundation
Address of person or organization.	State Legislative Leaders Foundation 1645 Falmouth Road, Bldg. D Centerville, MA 02632
Provide information in as much detail as possible:	<i>Itemization and explanation of amounts offered:</i>
Transportation:	143.60
Lodging:	598.30
Meals:	
Admission:	0.00
Other (please list):	<i>Refreshment, instruction, materials, entertainment, etc.</i>
Total:	\$741.90
Write an X beside any relevant statement.	<input checked="" type="checkbox"/> I have attached the relevant itinerary. <input checked="" type="checkbox"/> I have attached the relevant agenda.
For the exemption to apply, check off <u>both</u> statements.	Having disclosed the facts above, I determine that: <input checked="" type="checkbox"/> Acceptance of the reimbursement, waiver or payment of travel expenses will serve a legitimate public purpose i.e., it will promote the interests of the Commonwealth, a county or a municipality; AND <input checked="" type="checkbox"/> Such public purpose outweighs any special non-work related benefit to me or to the person providing the reimbursement, waiver or payment.
Employee signature:	
Date:	9/11/12

Attach additional pages if necessary.

Elected state or county employees – file with the State Ethics Commission.

Members of the General Court – file with the House or Senate clerk or the State Ethics Commission.

Elected municipal employee – file with the City Clerk or Town Clerk.

Elected regional school committee member – file with the clerk or secretary of the committee.



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GEOFFREY G DIEHL
Closing Date 09/21/12

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Account Ending 1-21000

New Balance \$2,993.22
Minimum Payment Due \$35.00
Payment Due Date 10/17/12

Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date listed above, you may have to pay a late fee of up to \$35.00 and your Purchase APR may be increased to the Penalty APR of 27.24%.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	11 years	\$5,625
\$104	3 years	\$3,750 (Savings = \$1,875)

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Earn TrueBlue® points on virtually all purchases.

Visit americanexpress.com/jetblue to learn more!

Account Summary

Previous Balance \$2,176.26
Payments/Credits -\$2,176.26
New Charges +\$2,993.22
Fees +\$0.00
Interest Charged +\$0.00

New Balance \$2,993.22
Minimum Payment Due \$35.00

Credit Limit \$20,700.00
Available Credit \$17,706.78
Cash Advance Limit \$4,200.00
Available Cash \$4,200.00
Days in Billing Period: 29

Customer Care

Pay by Computer
americanexpress.com/pbc

Customer Care 1-800-906-8864
Pay by Phone 1-800-472-9297

See page 2 for additional information.

↓ Please fold on the perforation below, detach and attach to your payment ↓

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GEOFFREY G DIEHL
Closing Date 09/21/12

Account Ending 1-21000

Detail Continued

				Amount
09/13/12	DNCSS BALTIMORE BB CBALTIMORE CATERER	MD		\$12.50
09/13/12	SUPERSHUTTLE EXECUCABWI AIRPORT 800-258-3826 Description TRANSPORTATION	MD		\$15.00
09/13/12	BOSTAXI MED 1443 09LONG ISLAND C 718-9374444	NY		\$18.05
09/13/12	BALTIMORE ORIOLES-PHBALTIMORE COMMERCIAL SPORTS TICKETS 20120913	MD		\$65.00
09/15/12	FOURS - NORWELL NORWELL 7816594414	MA		\$88.85
09/15/12	STOP & SHOP GAS #444WHITMAN FUEL Description Price UNBRANDED \$60.14 TAX	MA		\$60.14
09/15/12	HUDSON NEWSAMS BWI BALTIMORE BOOK STORE	MD		\$18.52
09/15/12	FOUR SEASONS HOTEL BBALTIMORE Arrival Date Departure Date 09/13/12 09/15/12 00000000 LODGING	MD		\$116.25
09/16/12	BOSTAXI MED 0573 09LONG ISLAND C 718-9374444	NY		\$23.60
09/16/12	RUSTY SCUPPER 0085 BALTIMORE RESTAURANT FOOD \$26.41 TIP \$5.59	MD		\$32.00
09/20/12	STAPLES 01850 BRAINTREE (800)333-3330	MA		\$7.42
09/20/12	LEGAL HARBORSIDE #21BOSTON RESTAURANT	MA		\$95.00

Fees

	Amount
Total Fees for this Period	\$0.00

Interest Charged

	Amount
Total Interest Charged for this Period	\$0.00

Continued on reverse

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Closing Date 08/23/12**TRUE**
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Account Ending 1-21000

New Balance \$2,176.26
Minimum Payment Due \$35.00
Payment Due Date 09/17/12**Late Payment Warning:** If we do not receive your Minimum Payment Due by the Payment Due Date listed above, you may have to pay a late fee of up to \$35.00 and your Purchase APR may be increased to the Penalty APR of 27.24%.**Earn TrueBlue® points on virtually all purchases.**Visit americanexpress.com/jetblue to learn more!**Account Summary**

Previous Balance	\$3,904.63
Payments/Credits	\$3,904.63
New Charges	+\$2,136.26
Fees	+\$40.00
Interest Charged	+\$0.00

New Balance	\$2,176.26
Minimum Payment Due	\$35.00

Credit Limit	\$20,700.00
Available Credit	\$18,523.74
Cash Advance Limit	\$4,200.00
Available Cash	\$4,200.00
Days in Billing Period	31

Customer Care **Pay by Computer**
americanexpress.com/pbc

Customer Care	Pay by Phone
1-800-906-8864	1-800-472-9297

See page 2 for additional information.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	8 years	\$3,743
\$76	3 years	\$2,726 (Savings = \$1,017)

If you would like information about credit counseling services, call 1-888-733-4139.

- See page 2 for important information about your account.
- See Page 7 for Important Information Regarding Benefits Underwritten by AMEX Assurance Company.**
- See Page 9** for an important Privacy Notice and the following page for important notices about Your Billing Rights and Electronic Fund Transfer Error Resolution.

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Continued on Page 3

Please fold on the perforation below, detach and return with your payment ↓

Detail Continued

				Amount
07/26/12	STOP & SHOP #444 WHITMAN MA GROCERY STORE			\$52.62
07/26/12	SUNOCO 0005190407 NORTH ABINGTO MA AUTO FUEL DISPENSER			\$15.82
07/27/12	CLOTHES CLINIC 06000WHITMAN MA 7814473243			\$37.75
	Description Price DRY CLEANERS \$37.75			
07/27/12	CVS 0635 00635 WHITMAN MA DRUG STORE/PHARMACY			\$16.98
07/27/12	TEMPLE LIQUORS INC 0WHITMAN MA LIQUOR STORE			\$9.69
07/28/12	STOP & SHOP GAS #444WHITMAN MA FUEL			\$43.78
	Description Price UNBRANDED \$43.78 TAX			
07/29/12	DLR - BOSTON 5429298BOSTON MA 6172678080			\$85.00
	TIP \$13.10			
07/29/12	PIRYX, INC 878876000SAN FRANCISCO CA 8886482220			\$300.00
07/29/12	BEST OF BOSTON 0030 BOSTON MA 978-443-1970			\$21.78
	Description APPAREL HSWRS/			
07/30/12	JETBLUE AIRWAYS 9010JETBLUE NY JETBLUE AIRWAYS			\$143.60
	From: To: Carrier: Class: BOSTON LOGAN INTER BALTIMORE WASHINGT B6 S BOSTON LOGAN INTER B6 S N/A YY 00 N/A YY 00			
	Ticket Number: 27921797636490 Passenger Name: DIEHL/GEOFFREY G MR Document Type: PASSENGER TICKET		Date of Departure: 09/13	
08/30/12	RED HAT CAFE 6500000BOSTON MA 6175232175			\$15.00
	TIP \$5.02			
09/01/12	BLACK TIE SPA FOR MENORWELL MA 7818714772			\$100.00
09/02/12	STOCKHOLDERS STEAKHOWEYMOUTH MA RESTAURANT			\$144.00
	TIP \$23.01			
09/06/12	VICTORYSTORE.COM 563-884-4444 563-884-4444			\$219.36
09/06/12	STOP & SHOP GAS #444WHITMAN MA FUEL			\$56.11
	Description Price UNBRANDED \$56.11 TAX			



Continued on next page



"All Airports"

DOWNTOWN TAXY CAB, INC

410.233.3333

2410 HOLLINS ST., Baltimore, MD 21223

RECEIPT



CAB #	
FARE	\$ 15.00
TIP	\$
TOTAL	\$ 15.00

Departure:	
Destination:	Airport
Client:	
Driver:	

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