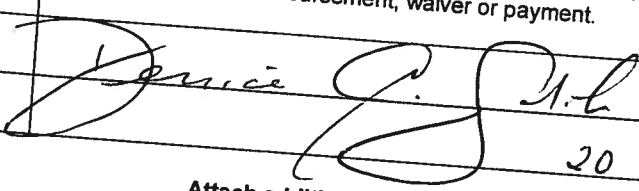


DISCLOSURE BY ELECTED PUBLIC EMPLOYEE
OF TRAVEL EXPENSES SERVING A LEGITIMATE PUBLIC PURPOSE
AS REQUIRED BY 930 CMR 5.08(2)(d)2.

ELECTED PUBLIC EMPLOYEE INFORMATION	
Name of elected public employee:	Denise C. Garlick
Title/ Position	STATE Representative
Agency/ Department	House of Reps
Agency address:	STATE House, Room 236
Office phone:	677-722-2430
Office e-mail:	Denise.garlick@mahouse.gov
Write an X to confirm each statement.	<p>I am filing this disclosure because:</p> <p><input 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>
Describe the activity which is the reason for traveling.	ACTIVITY THAT SERVES A LEGITIMATE PUBLIC PURPOSE Health care Convention and seminars
Describe your participation in the activity.	Convention participant
Date, time and location of activity.	June 22-24th 9am-6pm Orlando, Florida
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	Further education and understanding of health care policy and how it relates to the Commonwealth

Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	TRAVEL EXPENSES Judith Shindal - Rothschild
Address of person or organization.	Distinguished practitioner, National Academy at practice, Boston College 140 Commonwealth Ave. Chestnut Hill, MA 02467
Provide information in as much detail as possible:	Itemization and explanation of amounts offered:
Transportation:	Air, train, bus, and taxi fare and rental car hire, etc. \$370.20 air + taxi cost TBD
Lodging:	Overnight accommodations. Ø
Meals:	Breakfast, lunch, dinner, special events. Ø
Admission:	Registration, admission, tickets, etc.
Other (please list):	Refreshment, instruction, materials, entertainment, etc. Ø
Total:	TRAVEL : REGISTRATION only
Write an X beside any relevant statement.	<input 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 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 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:	20 June 2012

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.