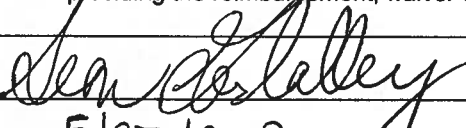


**DISCLOSURE BY ELECTED PUBLIC EMPLOYEE
OF TRAVEL EXPENSES SERVING A LEGITIMATE PUBLIC PURPOSE
AS REQUIRED BY 930 CMR 5.08(2)(d)2.**

RECEIVED
STATE ETHICS COMMISSION

ELECTED PUBLIC EMPLOYEE INFORMATION	
Name of elected public employee:	Sean Garballey
Title/ Position	State Representative
Agency/ Department	House of Representatives
Agency address:	State House, Rm. 540 24 Beacon St. Boston MA, 02133
Office phone:	617- 722- 2090
Office e-mail:	Sean.Garballey@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 checked="" 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.	Traveling to Israel with purpose of deepening cultural understanding, developing and enhancing community connections, and encouraging opportunities for partnership between Israel and the Commonwealth
Describe your participation in the activity.	Attended various meetings with officials, leaders and agencies.
Date, time and location of activity.	12/10/12 - 12/20/12 Israel - Haifa, Jerusalem, Tel Aviv
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	By visiting and learning how Israel operates, we will have a better understanding of using some of their practices to enhance the Commonwealth, specifically in the area of water infrastructure. Learned a tremendous amount about the Boston-Haifa partnership.

TRAVEL EXPENSES	
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	Jewish Community Relations Council 126 High St. Boston MA 02110
Address of person or organization.	11
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. \$ 2,500 (estimate)
Lodging:	Overnight accommodations. \$0 (estimate)
Meals:	Breakfast, lunch, dinner, special events. \$ 500 (estimate)
Admission:	Registration, admission, tickets, etc. \$ 250 (estimate)
Other (please list):	Refreshment, instruction, materials, entertainment, etc. —
Total:	\$ 3,250 (exact)
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 both 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:	5/27/2013

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.