## DISCLOSURE BY ELECTED PUBLIC EMPLOYEE OF EXPENSES RELATED TO ATTENDANCE AT AN EVENT SERVING A LEGITIMATE PUBLIC PURPOSE AS REQUIRED BY 930 CMR 5.08(3)(b)

CLATE ELLICS COMMISSION

	AS REQUIRED BY 930 CMR 5.08(3)(b)
	ELECTED PUBLIC EMPLOYEE INFORMATION
Name of <b>elected</b> public employee:	Patricia Jehlen
Title/ Position	Senator
Office:	Middlesex Second Senate
Office address:	Massachusetts State House 24 Beacon St Boston, MA 02133
Office phone:	617 722 1578
Office E-mail:	Patricia.jehlen@masenate.gov
Write an X to confirm each statement.	I am filing this disclosure because:  X My attendance at an event will serve a legitimate public purpose, i.e., it will promote the interests of the Commonwealth, a county or a municipality; and  X A non-public entity (but not a lobbyist) has offered to pay or waive expenses worth more than \$50 related to the event.
Describe the event that you will attend.	The annual British American Business Council of New England Award Luncheon honoring local businessman Arthur Mabbett for contributing to business partnerships between the US and UK.
Describe your participation in the event.	Presentation of a citation congratulating Mr. Mabbett and his company on the award.
Date, time and location of event.	June 26 <sup>th</sup> 2018, UMASS Boston
	EXPENSES RELATED TO INCIDENTAL HOSPITALITY
Identify the person or organization that offered to reimburse, pay or waive expenses.	British American Business Council of New England

Address of person or organization.	523 Lewis Wharf, Boston, MA 02110
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.  n/a
Meals:	Breakfast, lunch, dinner, special events.  Lunch, included in admission
Admission:	Admission, tickets, etc. Admission, \$150, includes Lunch
Other (please list):	Refreshment, entertainment, etc. n/a
Total:	\$150
For the exemption to apply, check off both statements.	Having disclosed the facts above, I determine that:  Acceptance of the reimbursement, waiver or payment of travel expenses will serve a legitimate public purpose i.e., will promote the interests of the Commonwealth, a county or a municipality; AND Such public purpose outweighs any special non-work related benefit to me or to the person providing the reimbursement, waiver or payment.
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	Recognizing and supporting the accomplishments of the constituents of the 2 <sup>nd</sup> Middlesex and their importance to the community and the commonwealth.
Employee signature:	Fatrocaltilen
Date:	June 14,2018

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.

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