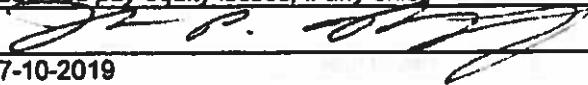
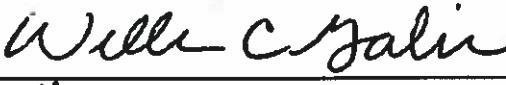


**DISCLOSURE BY NON-ELECTED STATE EMPLOYEE OF FINANCIAL INTEREST
AND DETERMINATION BY APPOINTING AUTHORITY
AS REQUIRED BY G. L. c. 268A, § 6**

| STATE EMPLOYEE INFORMATION | |
|---|---|
| Name: | John McLafferty |
| Title or Position: | Equal Employment Opportunity Officer |
| State Agency: | House of Representatives |
| Agency Address: | State House, Room 437A Boston, MA 02133 |
| Office Phone: | 617-722-2108 |
| Office E-mail: | john.mclafferty@mahouse.gov |
| <p>STATE FINANCIAL DISCLOSURE FORM</p> <p>119 JUL 16 FTH 41 C</p> <p>My duties require me to participate in a particular matter, and I may not participate because of a financial interest that I am disclosing here. I request a determination from my appointing authority about how I should proceed.</p> | |
| PARTICULAR MATTER | |
| Particular matter E.g., a judicial or other proceeding, application, submission, request for a ruling or other determination, contract, claim, controversy, charge, accusation, arrest, decision, determination, or finding. | Please describe the particular matter. <i>The House of Representatives is conducting a self-evaluation of our staff compensation as a best practice pursuant to the Massachusetts Equal Pay Act.</i> |
| Your required participation in the particular matter: E.g., approval, disapproval, decision, recommendation, rendering advice, investigation, other. | Please describe the task you are required to perform with respect to the particular matter. <i>Collect and provide recommendations for sources of data; examine and analyze data; interpret the relevant compensation statutes and guidance from the Attorney General's office and other sources; make recommendations along with the pros and cons for decision makers to consider in order to adjust the compensation structure and amounts and to address pay equity issues, if any exist.</i> |
| FINANCIAL INTEREST IN THE PARTICULAR MATTER | |
| Write an X by all that apply. | <input checked="" type="checkbox"/> I have a financial interest in the matter. <input type="checkbox"/> My immediate family member has a financial interest in the matter. <input type="checkbox"/> My business partner has a financial interest in the matter. <input type="checkbox"/> I am an officer, director, trustee, partner or employee of a business organization, and the business organization has a financial interest in the matter. <input type="checkbox"/> I am negotiating or have made an arrangement concerning future employment with a person or organization, and the person or organization has a financial interest in the matter. |
| Financial interest in the matter | Please explain the financial interest and include a dollar amount if you know it. <i>Although I do not anticipate this review will impact my compensation, I am making this disclosure should the outcome of the self-evaluation impact my compensation once</i> |

| | |
|---------------------|---|
| | decisions are made about how to adjust the compensation structure and amounts and to address pay equity issues, if any exist. |
| Employee signature: |  |
| Date: | 7-10-2019 |

DETERMINATION BY APPOINTING OFFICIAL

| APPOINTING AUTHORITY INFORMATION | |
|---|--|
| Name of Appointing Authority: | William C. Galvin |
| Title or Position: | Chair, House Committee on Rules |
| Agency/Department: | House of Representatives |
| Agency Address: | State House, Room 166 |
| Office Phone: | 617-722-2692 |
| Office E-mail | William.Galvin@mahouse.gov |
| DETERMINATION | |
| Determination by appointing authority: Write an X by your selection. | <p>As appointing official, as required by G.L. c. 268A, § 6, I have reviewed the particular matter and the financial interest identified above by a state employee.</p> <p><input type="checkbox"/> I am assigning the particular matter to another employee, or</p> <p><input type="checkbox"/> I am assuming responsibility for the particular matter, or</p> <p><input checked="" type="checkbox"/> I have determined that the financial interest is not so substantial as to be deemed likely to affect the integrity of the services which the Commonwealth may expect from the employee.</p> |
| Appointing Authority signature: |  |
| Date: | 7-10-2019 WCG |
| Comment: | |

Attach additional pages if necessary.

File copy with:

State Ethics Commission, One Ashburton Place, Room 619, Boston, MA 02108