

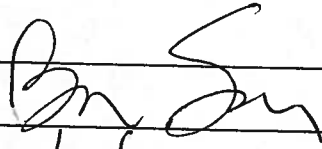
20-12-4573

**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)**

RECEIVED
STATE ETHICS COMMISSION

2012 SEP 17 AM 9:22

	ELECTED PUBLIC EMPLOYEE INFORMATION
Name of elected public employee:	Bruce E. Tarr
Title/ Position	State Senator
Office:	Senate Minority Leader
Office address:	Massachusetts State House, Room 308 Boston, MA 02133
Office phone:	617-722-1600
Office E-mail:	Bruce.Tarr@masenate.gov
Write an X to confirm each statement.	<p>I am filing this disclosure because:</p> <p><input checked="" type="checkbox"/> 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</p> <p><input type="checkbox"/> A non-public entity (but not a lobbyist) has offered to pay or waive expenses worth more than \$50 related to the event.</p>
	EVENT ATTENDED
Describe the event that you will attend.	The event will be held on November 3, 2012. It is the 3 rd annual jazz gala of the Rockport Music Organization. Although tickets for the jazz gala range from \$85.00 (concert only) to \$750 per ticket for their benefactor level, these concert only tickets do <i>not</i> include attendance at the reception prior to, where cocktails and hors d'oeuvres will be offered and I will be asked to say a few words about the organization and help get their auction started by auctioning off a few items for the organization's benefit. I will not be attending the concert.
Describe your participation in the event.	In addition to serving as an Honorary Chairperson, at the reception prior to the concert (where I will not be consuming food or drink), I'll be conversing with attendees, saying a few words in support of the organization and helping to get their auction started by auctioning off a few items for the organization's benefit. I will not be attending the concert.
Date, time and location of event.	November 3, 2012 at 5:30PM
	EXPENSES RELATED TO INCIDENTAL HOSPITALITY
Identify the person or organization that offered to reimburse, pay or waive expenses.	Jo Frances Meyer Director of Development Rockport Music
Address of person or organization.	P.O. Box 312

	Rockport, MA 01966 978-546-7391, X113 Fax: 978-546-8351 jfmeyer@rockportmusic.org www.rockportmusic.org
Provide information in as much detail as possible:	Itemization and explanation of amounts offered: Tickets for the jazz gala range from \$85.00 (concert only) to \$750 per ticket for their benefactor level (I will not be accepting tickets or attending the concert). Prior to the concert, there will be a reception where cocktails and hors d'oeuvres will be offered at an estimated value of \$50.00 per person (I will not be consuming and drinks or food).
Transportation:	Air, train, bus, and taxi fare and rental car hire, etc. N/A
Meals:	Breakfast, lunch, dinner, special events. Prior to the concert, there will be a reception where cocktails and hors d'oeuvres will be offered at an estimated value of \$50.00 per person (I will not be consuming and drinks or food).
Admission:	Admission, tickets, etc. Tickets for the jazz gala range from \$85.00 (concert only) to \$750 per ticket for their benefactor level (I will not be accepting tickets or attending the concert). These tickets do not allow entry to the pre-concert reception, which is by invitation only and to which admission is free.
Other (please list):	Refreshment, entertainment, etc. At the pre-concert reception, cocktails and hors d'oeuvres will be offered at an estimated value of \$50.00 per person (I will not be consuming drinks or food).
Total:	\$0
For the exemption to apply, check off <u>both statements</u> .	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., 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.
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	N/A
Employee signature:	
Date:	9/13/12

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.