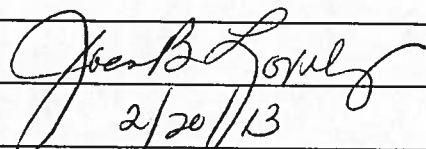


**DISCLOSURE BY ELECTED PUBLIC EMPLOYEE
OF EXPENSES RELATED TO ATTENDANCE AT AN EVENT
SERVING A LEGITIMATE PUBLIC PURPOSE
AS REQUIRED BY 930 CMR 5.08(3)(b)**

RECEIVED
STATE ETHICS COMMISSION

2013 FEB 22 AM 9:55

	ELECTED PUBLIC EMPLOYEE INFORMATION
Name of elected public employee:	Joan Lovely
Title/ Position	Senator, 2nd Essex
Office:	State Senator
Office address:	State House, Room 313-A Boston, MA 02133
Office phone:	617-722-1410
Office E-mail:	joan.lovely@masenate.gov
Write an X to confirm each statement.	I am filing this disclosure because: ☒ 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 ☐ A non-public entity (but not a lobbyist) has offered to pay or waive expenses worth more than \$50 related to the event.
	EVENT ATTENDED
Describe the event that you will attend.	Beverly Chamber of Commerce 2nd Annual Beverly Business Awards
Describe your participation in the event.	Attending to Congratulate the Award Winners, Present Citations.
Date, time and location of event.	Feb. 28, 2013 5:30 - 8 P.M. @ Danversport Yacht Club
	EXPENSES RELATED TO INCIDENTAL HOSPITALITY
Identify the person or organization that offered to reimburse, pay or waive expenses.	Beverly Chamber of Commerce Dinner \$65/person

Address of person or organization.	Beverly Chamber of Commerce 100 Cummings Center Beverly, MA 01915
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. OWN
Meals:	Breakfast, lunch, dinner, special events. \$65/P.P.
Admission:	Admission, tickets, etc.
Other (please list):	Refreshment, entertainment, etc.
Total:	\$65.00
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.	Small business development/relations
Employee signature:	
Date:	2/20/13

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.