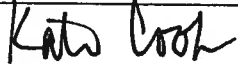


**DISCLOSURE BY ELECTED PUBLIC EMPLOYEE
OF EXPENSES RELATED TO ATTENDANCE AT AN EVENT
SERVING A LEGITIMATE PUBLIC PURPOSE
AS REQUIRED BY 930 CMR 5.08(3)(b)**

RECEIVED
STATE ETHICS COMMISSION

2013 JUL 16 PM 12:04

ELECTED PUBLIC EMPLOYEE INFORMATION	
Name of elected public employee:	Deval L. Patrick
Title/ Position	Governor
Office:	Office of the Governor
Office address:	State House Room 360 Boston, MA 02133
Office phone:	(617) 725-4000
Office E-mail:	Kate Cook, Kate.Cook@state.ma.us
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.	MassEquality Icon Awards
Describe your participation in the event.	Accepted an award and provided brief remarks.
Date, time and location of event.	February 28, 2013 7:00 PM – 8:30 PM Fairmont Copley Plaza, Oval Room, Boston
EXPENSES RELATED TO INCIDENTAL HOSPITALITY	
Identify the person or organization that offered to reimburse, pay or waive expenses.	MassEquality

Address of person or organization.	5 Broad Street, 3 rd Floor, Boston, MA 02109
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.
Meals:	Breakfast, lunch, dinner, special events. Dinner
Admission:	Admission, tickets, etc. \$175
Other (please list):	Refreshment, entertainment, etc.
Total:	\$175
For the exemption to apply, check off <u>both statements</u> .	<p>Having disclosed the facts above, I determine that:</p> <p><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</p> <p><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.</p>
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	MassEquality is a grassroots advocacy organization working to ensure that everyone across Massachusetts can live without discrimination and oppression based on sexual orientation, gender identity and expression.
Employee signature:	 by Kate Cook, Chief Legal Counsel to the Governor, designated to file on behalf of Governor Patrick
Date:	7/16/13

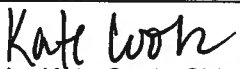
Attach additional pages if necessary.
 Elected state or county employees – file with the State Ethics Commission.
 Members of the General Court – file with the House or Senate clerk or the State Ethics Commission.
 Elected municipal employee – file with the City Clerk or Town Clerk.

**DISCLOSURE BY ELECTED PUBLIC EMPLOYEE
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Title/ Position	Governor
Office:	Office of the Governor
Office address:	State House Room 360 Boston, MA 02133
Office phone:	(617) 725-4000
Office E-mail:	Kate Cook, Kate.Cook@state.ma.us
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.	UpLIFTed Awards
Describe your participation in the event.	Attendee and Honorary Chair
Date, time and location of event.	March 28, 2013 6:30 PM – 8:00 PM The State Room, 60 State Street, Boston
EXPENSES RELATED TO INCIDENTAL HOSPITALITY	
Identify the person or organization that offered to reimburse, pay or waive expenses.	UpLIFTed

Address of person or organization.	366 Somerville Avenue, Somerville, MA 02143
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.
Meals:	Breakfast, lunch, dinner, special events. Dinner
Admission:	Admission, tickets, etc. \$100
Other (please list):	Refreshment, entertainment, etc.
Total:	\$100
For the exemption to apply, check off both statements.	<p>Having disclosed the facts above, I determine that:</p> <p><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</p> <p><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.</p>
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	The upLIFTed Award Celebration recognizes the achievements of courageous and inspiring individuals who demonstrate an uncommon commitment to social justice and an extraordinary ability to affect change and unite people, organizations, sectors, and policy makers.
Employee signature:	 by Kate Cook, Chief Legal Counsel to the Governor, designated to file on behalf of Governor Patrick
Date:	7/16/13

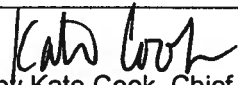
Attach additional pages if necessary.
 Elected state or county employees – file with the State Ethics Commission.
 Members of the General Court – file with the House or Senate clerk or the State Ethics Commission.
 Elected municipal employee – file with the City Clerk or Town Clerk.

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RECEIVED
ETHICS COMMISSION

2013 JUL 16 PM 12:07

ELECTED PUBLIC EMPLOYEE INFORMATION	
Name of elected public employee:	Deval L. Patrick
Title/ Position	Governor
Office:	Office of the Governor
Office address:	State House Room 360 Boston, MA 02133
Office phone:	(617) 725-4000
Office E-mail:	Kate Cook, Kate.Cook@state.ma.us
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.	Epiphany School Gala
Describe your participation in the event.	Attendee
Date, time and location of event.	April 12, 2013 6:30 PM – 8:30 PM Westin Copley Hotel, 10 Huntington Avenue, Boston
EXPENSES RELATED TO INCIDENTAL HOSPITALITY	
Identify the person or organization that offered to reimburse, pay or waive expenses.	Epiphany School

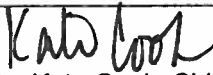
Address of person or organization.	154 Centre Street, Dorchester Center, MA 02124
Provide information in as much detail as possible:	Itemization and explanation of amounts offered:
Transportation:	Air, train, bus, and taxi fare and rental car hire, etc.
Meals:	Breakfast, lunch, dinner, special events. Dinner
Admission:	Admission, tickets, etc. \$250
Other (please list):	Refreshment, entertainment, etc.
Total:	\$250
For the exemption to apply, check off both statements.	<p>Having disclosed the facts above, I determine that:</p> <p><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</p> <p><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.</p>
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	The Epiphany School is an independent tuition free middle school for children of economically disadvantaged families from the Boston neighborhoods.
Employee signature:	 by Kate Cook, Chief Legal Counsel to the Governor, designated to file on behalf of Governor Patrick
Date:	7/16/13

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.

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	ELECTED PUBLIC EMPLOYEE INFORMATION
Name of elected public employee:	Deval L. Patrick
Title/ Position	Governor
Office:	Office of the Governor
Office address:	State House Room 360 Boston, MA 02133
Office phone:	(617) 725-4000
Office E-mail:	Kate Cook, Kate.Cook@state.ma.us
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.	Boston Celtics Heroes Among Us Ceremony
Describe your participation in the event.	Attendee and Honoree
Date, time and location of event.	April 26, 2013 7:45 PM – 8:45 PM TD Bank Garden, Boston
	EXPENSES RELATED TO INCIDENTAL HOSPITALITY
Identify the person or organization that offered to reimburse, pay or waive expenses.	Boston Celtics

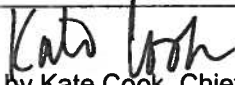
Address of person or organization.	226 Causeway Street, 4 th Floor, Boston, MA 02114
Provide information in as much detail as possible:	Itemization and explanation of amounts offered:
Transportation:	Air, train, bus, and taxi fare and rental car hire, etc.
Meals:	Breakfast, lunch, dinner, special events.
Admission:	Admission, tickets, etc. Approximately \$300
Other (please list):	Refreshment, entertainment, etc.
Total:	Approximately \$300
For the exemption to apply, check off both statements.	<p>Having disclosed the facts above, I determine that:</p> <p><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</p> <p><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.</p>
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	Recognition of the first responders after the Boston Marathon bombings.
Employee signature:	 by Kate Cook, Chief Legal Counsel to the Governor, designated to file on behalf of Governor Patrick
Date:	7/16/13

Attach additional pages if necessary.
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 Elected municipal employee – file with the City Clerk or Town Clerk.

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	ELECTED PUBLIC EMPLOYEE INFORMATION
Name of elected public employee:	Deval L. Patrick
Title/ Position	Governor
Office:	Office of the Governor
Office address:	State House Room 360 Boston, MA 02133
Office phone:	(617) 725-4000
Office E-mail:	Kate Cook, Kate.Cook@state.ma.us
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.	Americas Society Spring Party
Describe your participation in the event.	Attendee
Date, time and location of event.	June 6, 2013 7:30 PM – 10:00 PM Cipriani Wall Street, 55 Wall Street, New York, NY
	EXPENSES RELATED TO INCIDENTAL HOSPITALITY
Identify the person or organization that offered to reimburse, pay or waive expenses.	Andronico Luksic

Address of person or organization.	Ahumada 251, 2nd Floor, Santiago, Chile
Provide information in as much detail as possible:	Itemization and explanation of amounts offered:
Transportation:	<i>Air, train, bus, and taxi fare and rental car hire, etc.</i>
Meals:	<i>Breakfast, lunch, dinner, special events.</i> Dinner
Admission:	<i>Admission, tickets, etc.</i> Ticket Price: \$1,000
Other (please list):	<i>Refreshment, entertainment, etc.</i>
Total:	\$1,000
For the exemption to apply, check off both statements.	<p>Having disclosed the facts above, I determine that:</p> <p><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</p> <p><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.</p>
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	Americas Society (AS) is the premier forum dedicated to education, debate, and dialogue in the Americas. Its mission is to foster an understanding of the contemporary political, social, and economic issues confronting Latin America, the Caribbean, and Canada, and to increase public awareness and appreciation of the diverse cultural heritage of the Americas and the importance of the inter-American relationship.
Employee signature:	 by Kate Cook, Chief Legal Counsel to the Governor, designated to file on behalf of Governor Patrick
Date:	7/16/18

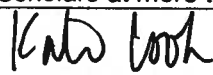
Attach additional pages if necessary.
Elected state or county employees – file with the State Ethics Commission.
Members of the General Court – file with the House or Senate clerk or the State Ethics Commission.
Elected municipal employee – file with the City Clerk or Town Clerk.

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

RECEIVED
STATE ETHICS COMMISSION

2013 JUL 16 PM 12:07

	ELECTED PUBLIC EMPLOYEE INFORMATION
Name of elected public employee:	Deval L. Patrick
Title/ Position	Governor
Office:	Office of the Governor
Office address:	State House Room 360 Boston, MA 02133
Office phone:	(617) 725-4000
Office E-mail:	Kate Cook, Kate.Cook@state.ma.us
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.	A Better Chance 50 th Anniversary Celebration
Describe your participation in the event.	Attendee
Date, time and location of event.	June 11, 2013 6:15 PM – 8:00 PM Pier 60 at Chelsea Piers, 23 rd Street and West Side Highway, New York City
	EXPENSES RELATED TO INCIDENTAL HOSPITALITY
Identify the person or organization that offered to reimburse, pay or waive expenses.	A Better Chance

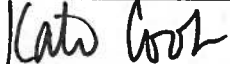
Address of person or organization.	253 West 35 th Street, 6 th Floor, New York, NY, 10001
Provide information in as much detail as possible:	Itemization and explanation of amounts offered:
Transportation:	Air, train, bus, and taxi fare and rental car hire, etc.
Meals:	Breakfast, lunch, dinner, special events. Dinner
Admission:	Admission, tickets, etc. \$500
Other (please list):	Refreshment, entertainment, etc.
Total:	\$500
For the exemption to apply, check off both statements.	<p>Having disclosed the facts above, I determine that:</p> <p><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</p> <p><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.</p>
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	A Better Chance is the oldest and only national organization of its kind dedicated to changing the life trajectory for academically talented youth of color via access to rigorous and prestigious educational opportunities for students in grades 6-12. The mission is to increase substantially the number of well-educated young people of color who are capable of assuming positions of responsibility and leadership in American society. A Better Chance carries out its mission through its College Preparatory Schools Program, which annually recruits, refers and supports approximately 500 Scholars at more than 300 member schools in 27 states.
Employee signature:	 by Kate Cook, Chief Legal Counsel to the Governor, designated to file on behalf of Governor Patrick
Date:	7/16/13

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.
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	ELECTED PUBLIC EMPLOYEE INFORMATION
Name of elected public employee:	Deval L. Patrick
Title/ Position	Governor
Office:	Office of the Governor
Office address:	State House Room 360 Boston, MA 02133
Office phone:	(617) 725-4000
Office E-mail:	Kate Cook, Kate.Cook@state.ma.us
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 checked="" 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.	Jacob's Pillow Opening Night Gala
Describe your participation in the event.	Attendee
Date, time and location of event.	June 15, 2013 6:00 PM – 7:30 PM Ted Shawn Theatre, 358 George Carter Road, Becket
	EXPENSES RELATED TO INCIDENTAL HOSPITALITY
Identify the person or organization that offered to reimburse, pay or waive expenses.	Jacob's Pillow

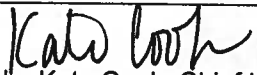
Address of person or organization.	358 George Carter Road, Becket, MA 01223
Provide information in as much detail as possible:	Itemization and explanation of amounts offered:
Transportation:	Air, train, bus, and taxi fare and rental car hire, etc.
Meals:	Breakfast, lunch, dinner, special events.
Admission:	Admission, tickets, etc. \$ 175
Other (please list):	Refreshment, entertainment, etc.
Total:	\$ 175
For the exemption to apply, check off <u>both statements.</u>	<p>Having disclosed the facts above, I determine that:</p> <p><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</p> <p><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.</p>
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	Jacob's Pillow is a National Historic Landmark and National Medal of Arts recipient. Jacob's Pillow is home to America's longest running dance festival, located in the Berkshire Hills of Western Massachusetts.
Employee signature:	 by Kate Cook, Chief Legal Counsel to the Governor, designated to file on behalf of Governor Patrick
Date:	7/16/13

Attach additional pages if necessary.
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**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)**

2013 JUL 16 PM 12:07

	ELECTED PUBLIC EMPLOYEE INFORMATION
Name of elected public employee:	Timothy P. Murray
Title/ Position	Former Lt. Governor
Office:	
Office address:	State House Room 360 Boston, MA 02133
Office phone:	(617) 725-4000
Office E-mail:	ltgovoffice@state.ma.us
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.	Emerald Club's Annual St. Patrick's Day Celebration
Describe your participation in the event.	Guest Speaker
Date, time and location of event.	Saturday, March 9, 2013 6:00PM Wachusett Country Club, Worcester MA
	EXPENSES RELATED TO INCIDENTAL HOSPITALITY
Identify the person or organization that offered to reimburse, pay or waive expenses.	Ed Madaus President The Emerald Club

Address of person or organization.	Emerald Club, Inc. Post Office Box 60129 Greendale Station Worcester, MA 01606
Provide information in as much detail as possible:	Itemization and explanation of amounts offered:
Transportation:	<i>Air, train, bus, and taxi fare and rental car hire, etc.</i>
Meals:	<i>Breakfast, lunch, dinner, special events.</i> Dinner
Admission:	<i>Admission, tickets, etc.</i> \$100
Other (please list):	<i>Refreshment, entertainment, etc.</i>
Total:	\$100
For the exemption to apply, check off <u>both statements</u> .	<p>Having disclosed the facts above, I determine that:</p> <p><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</p> <p><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.</p>
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	The Emerald Club was founded more than 50 years ago to provide financial support for the extraordinary work of the Mercy Centre, a school for special needs children opened by the Sisters of Mercy.
Employee signature:	 by Kate Cook, Chief Legal Counsel to the Governor, designated to file on behalf of former Lt. Governor Murray
Date:	7/16/13

Attach additional pages if necessary.
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 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.