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)

	ELECTED PUBLIC EMPLOYEE INFORMATION
Name of **elected** public employee:	Senator Joan B. Lovely
Title/ Position	State Senator, 2nd Essex District
Office:	State House, Room 215
Office address:	Office of Senator Joan B. Lovely State House, Room 215 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: 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.
	EVENT ATTENDED
Describe the event that you will attend.	Women's Health Pre-Conference: Policy Strategies and Innovations for Wellness Conference, Fall Forum
Describe your participation in the event.	Participated in the conference and learned new information and approaches to solving issues and problems surrounding women's health.
Date, time and location of event.	Washington D.C. – December 3, 2013, 10:00am-8:00pm
	EXPENSES RELATED TO INCIDENTAL HOSPITALITY
Identify the person or organization that offered to reimburse, pay or waive expenses.	National Conference of State Legislatures

Address of person or organization.	7700 East First Place Denver, CO 80230
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.* **Flight: $306.77** **Taxi: $20.16**
Meals:	*Breakfast, lunch, dinner, special events.* **Breakfast: $20.19** **Lunch: $18.00**
Admission:	*Admission, tickets, etc.*
Other (please list):	*Refreshment, entertainment, etc.* **Hotel: $455.72**
Total:	**$820.07**
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.	I had the opportunity to learn more about the ACA and how to help my constituents navigate the process. I also spoke with representatives and state senators from other states and gained valuable insight and approaches to solving issues related to women's health care.
Employee signature:	
Date:	1/13/14

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.