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:	Joan B. Lovely
Title/ Position	State Senator
Office:	Massachusetts State Senate
Office address:	Massachusetts State House, Room 413A 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.	The event is a breakfast hosted by Samaritan's to showcase their life saving work and raising vital funds for suicide prevention.
Describe your participation in the event.	I will be participating as an attendee at this event.
Date, time and location of event.	May 15, 2019 8:00 a.m. to 9:00 a.m. Westin Copley Place 10 Huntington Ave. Boston, MA 02116
	EXPENSES RELATED TO INCIDENTAL HOSPITALITY
Identify the person or organization that offered to reimburse, pay or waive expenses.	Samaritans
Address of person or organization.	41 West St., 4th Floor Boston, MA 02111

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.* $60
Other (please list):	*Refreshment, entertainment, etc.*
Total:	$60
For the exemption to apply, check off <u>both</u> <u>statements</u>.	**Having disclosed the facts above, I determine that:** _X_ 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 _X_ 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.	According to the Samaritans' website, their mission is as follows: "Our mission is to reduce the incidence of suicide by alleviating despair, isolation, distress and suicidal feelings among individuals in our community, 24 hours a day; to educate the public about suicide prevention; to help those who have lost a loved one to suicide; and to reduce the stigma associated with suicide. We accomplish this through services that emphasize confidential, nonjudgmental, and compassionate listening." Samaritans, Inc. is a 501(c)3 non-profit organization.
Employee signature:	
Date:	5-20-19

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.

Form revised February, 2012