

**DISCLOSURE BY STATE EMPLOYEE  
OF A FINANCIAL INTEREST IN A CONTRACT TO PROVIDE SERVICES  
FOR THE COMMITTEE FOR PUBLIC COUNSEL SERVICES  
AS REQUIRED BY 930 CMR 6.06(2)**

	<b>STATE EMPLOYEE INFORMATION</b>
Name of state employee:	Mary Fowler
Title/ Position	Please provide information about your state employee position.  Professor
Agency:	Worcester State University
Agency address:	488 Chandler Street Worcester, MA 01602
Office phone:	508-929-8576
Office e-mail:	mfowler@worchester.edu
	I am a state employee. The Committee for Public Counsel Services ("CPCS") provides representation and services to persons with regard to various matters in the state courts and assigns attorneys and personnel to work on the matters. In connection with these matters, I expect to provide representation or services to, or on behalf of, such persons, attorneys or personnel. I respectfully request written approval of the arrangement from CPCS and (if I am not an elected state employee) from my appointing authority in my state position.
	<b>CPCS SERVICES</b>
Describe the nature of the representation or services you expect to provide to or for CPCS.	Statistical expert testimony in defense of Jerry Pierre-Louis with Attorney Connor Barusch
If you are providing services through a company, please provide its name and address,	Racial Equity Partners LLC  5 Lantern Lane Shrewsbury, MA 01545
Who will pay you for your services?	<input checked="" type="checkbox"/> CPCS, directly.  <input type="checkbox"/> An attorney or personnel assigned by CPCS.
If not CPCS, please provide the name and address of the person or entity who will pay	

you or your company for your services.	
What is your financial interest in providing these services?  Please include both compensation and obligations, etc.	Please explain your financial interest and provide the dollar amount if you know it.  I am being contracted to provide statistical analysis which might include writing a report and giving testimony.  The court allowed a motion for \$2,800. Depending on what is found in the data analysis, the project could require additional funds. I approximate the additional funds could be as high as \$10,000.
Employee signature:	<i>Mam Souler</i> 1/14/2021
	APPROVAL BY COMMITTEE FOR PUBLIC COUNSEL SERVICES
Name and title of CPCS employee giving approval	Attorney Connor Barusch
Office phone	617-209-5500
Office e-mail	cbarusch@publiccounsel.net
Signature by CPCS employee	By signing here, I indicate that I have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee.  <i>CM</i>
Date:	2/26/2021
	FOR NON-ELECTED STATE EMPLOYEES ONLY: APPROVAL BY APPOINTING AUTHORITY AT STATE AGENCY WHICH YOU SERVE
Name and title of appointing authority, or his or her designee, at the state agency which you serve	Linda Larrivee Dean School of Education, Health and Natural Science
Office phone	508-929-8333
Office e-mail	llarrivee@worchester.edu
Signature by appointing authority	By signing here, I indicate that I have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee.  <i>Linda Larrivee</i>
Date:	March 10, 2021

Attach additional pages if necessary.

File copy with:

State Ethics Commission  
One Ashburton Place, Room 619  
Boston, MA 02108