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STATE ETHICS COMMISSION

2022 JAN 10 AM 11:32

**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 8.06(2)**

	STATE EMPLOYEE INFORMATION
Name of state employee:	Mary Fowler
Title/ Position	Please provide information about your state employee position. Professor
Agency:	Worcester State University
Agency address:	486 Chandler Street Worcester, MA 01602
Office phone:	508-829-8576
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.
	CPCS SERVICES
Describe the nature of the representation or services you expect to provide to or for CPCS.	Statistical expert testimony in defense of Jose Serratos with Attorney Jose Serratos
If you are providing services through a company, please provide its name and address.	Racial Equity Partners, LLC
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.	

Form revised March, 2013

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. A motion for funds has been approved for \$475. If more work is needed from me on this case, it could be as much as an additional \$2,500 or more depending on what is needed. RECEIVED STATE ETHICS COMMISSION 2022 JAN 10 AM 11:32
Employee signature:	<i>Mary Houley</i> 10/24/2021
	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>Connor Barusch</i>
Date:	11/9/21
	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:	12/6/2021

Attach additional pages if necessary.

File copy with:

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

Form revised March, 2013

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	CPCS SERVICES
Describe the nature of the representation or services you expect to provide to or for CPCS.	Statistical expert testimony in defense of Matthew Davis with Attorney Connor Barusch
If you are providing services through a company, please provide its name and address,	Racial Equity Partners, LLC
Who will pay you for your services?	<u> X </u> CPCS, directly. _____ 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.	