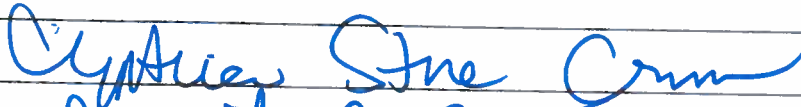


**DISCLOSURE BY ELECTED PUBLIC EMPLOYEE
OF TRAVEL EXPENSES SERVING A LEGITIMATE PUBLIC PURPOSE
AS REQUIRED BY 930 CMR 5.08(2)(a)**

RECEIVED
STATE ETHICS COMMISSION

2015 APR 15 PM 2:09

Name of elected public employee:	ELECTED PUBLIC EMPLOYEE INFORMATION Cynthia Stone Creem
Title/ Position	State Senator
Agency/ Department	Massachusetts Senate
Agency address:	24 Beacon Street, Boston, MA 02133
Office phone:	617 722-1639
Office e-mail:	Cynthia.creem@masenate.gov
Write an X to confirm each statement.	<p>I am filing this disclosure because:</p> <p><input checked="" type="checkbox"/> I am going to engage in an activity that serves a legitimate public purpose, i.e., it is intended to 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 reimburse, waive or pay travel expenses and costs worth more than \$50.</p>
	ACTIVITY THAT SERVES A LEGITIMATE PUBLIC PURPOSE
Describe the activity which is the reason for traveling.	Traveling to Ponta Delgada to join elected political leaders in participating in the inauguration of the Sahar Hassamain Synagogue
Describe your participation in the activity.	I have been actively involved in the restoration of the synagogue with the Azorean Jewish Heritage Foundation to raise funds to help with the restoration.
Date, time and location of activity.	April 22 – 26, 2015 Ponta Delgada, Azores
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	This activity will promote the bilateral relationship between the United States and Portugal

TRAVEL EXPENSES	
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	Municipality of Ponta Delgada, Azores Autonomous Regional Government of Ponta Delgada, Azores Dr. Augusto de Athayde Azorean Jewish Heritage Foundation (AJHF) Columbia Travel, Fall River, MA
Address of person or organization.	Various organizations donating through the AJHF AJHF P.O. Box 1243 Somerset, MA 02726
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> <i>Bus transportation, Transfers from airport, and sightseeing tours</i> <i>Ground approx. \$100.00 per person</i>
Lodging:	<i>Overnight accommodations.</i>
Meals:	<i>Breakfast, lunch, dinner, special events.</i> <i>1 Lunch, 3 Dinners, and 2 Receptions</i> <i>Meals, approx. \$150.00 per person</i>
Admission:	<i>Registration, admission, tickets, etc.</i>
Other (please list):	<i>Refreshment, instruction, materials, entertainment, etc.</i>
Total:	Approx. \$ 250.00
Write an X beside any relevant statement.	<input checked="" type="checkbox"/> I have attached the relevant itinerary. <input checked="" type="checkbox"/> I have attached the relevant agenda.
For the exemption to apply, check off <u>both statements.</u>	Having disclosed the facts above, I determine that: <input checked="" type="checkbox"/> Acceptance of the reimbursement, waiver or payment of travel expenses will serve a legitimate public purpose i.e., it will promote the interests of the Commonwealth, a county or a municipality; AND <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.
Employee signature:	
Date:	April 9, 2015

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.