


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

RECEIVED  
STATE ETHICS COMMISSION

	<b>ELECTED PUBLIC EMPLOYEE INFORMATION</b>
Name of elected public employee:	Viriato deMacedo
Title/ Position	State Senator
Agency/ Department	Massachusetts Senate
Agency address:	24 Beacon Street, Boston, MA 02133
Office phone:	617-722-1330
Office e-mail:	617-722-1330
<b>Write an X to confirm each statement.</b>	<p>I am filing this disclosure because:</p> <p><input type="checkbox"/> X_ 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"/> X_ A non-public entity (but not a lobbyist) has offered to reimburse, waive or pay travel expenses and costs worth more than \$50.</p>
	<b>ACTIVITY THAT SERVES A LEGITIMATE PUBLIC PURPOSE</b>
Describe the activity which is the reason for traveling.	We will be traveling to Denver, Colorado to learn about Colorado's experience with the legalized marijuana industry. We will be meeting with government officials and industry experts to learn about the supply chain from seed to sale and the laws and regulations regarding the industry in Colorado.
Describe your participation in the activity.	I will be participating in meetings and conducting research on Colorado's experience with legalized marijuana. That experience could provide helpful insight for Massachusetts if the pending marijuana legalization ballot question passes, or if legalization otherwise occurs.
Date, time and location of activity.	Denver, Colorado 1/10/2016 through 1/14/2016
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	Should the marijuana legalization ballot question pass, or Massachusetts otherwise choose to legalize marijuana, the legislature will need to evaluate whether any changes to existing laws are required. This trip will help inform those decisions.

	<b>TRAVEL EXPENSES</b>
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	Milbank Memorial Fund
Address of person or organization.	645 Madison Avenue, 15th Floor New York, NY 10022
Provide information in as much detail as possible:	<i>Itemization and explanation of amounts offered:</i>
Transportation:	<i>Air, train, bus, and taxi fare and rental car hire, etc.</i> Roundtrip airfare to Denver = <u>504.96</u> . Incidental travel expenses such as cab fare will also be reimbursed. I will disclose the total amount I am ultimately reimbursed in a reconciliation statement pursuant to 930 CMR 5.08(2)(d)(3).
Lodging:	<i>Overnight accommodations.</i> Warwick Hotel - 1776 Grant St., Denver, CO \$166.53/night for 4 nights = \$666.13
Meals:	<i>Breakfast, lunch, dinner, special events.</i> Meals will be reimbursed in an amount up to 125% of the U.S. government rate for Denver, Colorado, which is \$86 per day. For five days, the maximum meal reimbursement would be \$430. I will disclose the total amount I am ultimately reimbursed in a reconciliation statement pursuant to 930 CMR 5.08(2)(d)(3)
Admission:	<i>Registration, admission, tickets, etc.</i>
Other (please list):	<i>Refreshment, instruction, materials, entertainment, etc.</i>
Total:	[504.96 + \$666.13 + 430.00 = 1,601.09]
Write an X beside any relevant statement.	<input type="checkbox"/> I have attached the relevant itinerary. <input 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:	1/06/2016

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.