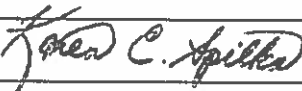


**DISCLOSURE BY ELECTED PUBLIC EMPLOYEE  
OF TRAVEL EXPENSES SERVING A LEGITIMATE PUBLIC PURPOSE  
AS REQUIRED BY 930 CMR 5.08(2)(d)2.**

<b>ELECTED PUBLIC EMPLOYEE INFORMATION</b>	
Name of elected public employee:	Senate President Karen E. Spilka
Title/ Position	President of the Senate
Agency/ Department	Massachusetts Senate
Agency address:	The State House, Room 332 Boston, MA 02133
Office phone:	617-722-1500
Office e-mail:	karen.spilka@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>
<b>ACTIVITY THAT SERVES A LEGITIMATE PUBLIC PURPOSE</b>	
Describe the activity which is the reason for traveling.	I will be attending the Senate Presidents' Forum to meet with Senate leaders from across the country. At the Forum attendees will receive presentations on the issue of poverty and will engage in discussions around responsive policy proposals.
Describe your participation in the activity.	I will be attending the panels as well as participating in the discussion sessions that follow each panel.
Date, time and location of activity.	Wednesday January 2, 2020 - Sunday, January 5, 2020 Four Seasons Hotel 10600 East Crescent Moon Drive Scottsdale, AZ 85262
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	Reducing poverty and improving economic conditions is the goal of innumerable policy proposals pending before the legislature this session. The Forum discussions are relevant to Massachusetts and my participation will help inform future policy deliberations.

	<b>TRAVEL EXPENSES</b>
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	Senate Presidents' Forum
Address of person or organization.	579 Broadway Hastings-on-Hudson, NY 10706
Provide information in as much detail as possible:	<b>Itemization and explanation of amounts offered:</b>
Transportation:	<i>Air, train, bus, and taxi fare and rental car hire, etc.</i> Roundtrip airfare - \$653.19
Lodging:	<i>Overnight accommodations.</i> Estimated cost is \$2,900 for 4 nights. Reconciliation to follow with the actual cost.
Meals:	<i>Breakfast, lunch, dinner, special events.</i> Meals are included as part of the Forum. Actual value unknown but anticipated to be greater than \$50. Reconciliation to follow with the actual cost.
Admission:	<i>Registration, admission, tickets, etc.</i>
Other (please list):	<i>Refreshment, instruction, materials, entertainment, etc.</i>
Total:	\$3,603.19
Write an X beside any relevant statement.	<input checked="" type="checkbox"/> <b>X</b> I have attached the relevant itinerary. <input checked="" type="checkbox"/> <b>X</b> 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"/> <b>X</b> 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"/> <b>X</b> 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:	12/31/2019

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.

**RECONCILIATION STATEMENT  
AS REQUIRED BY 930 CMR 5.08(2)(d)3.**

	<b>PUBLIC EMPLOYEE INFORMATION</b>
Name of employee:	Karen E. Spilka
Title/ Position	President of the Senate
Agency/ Department	Senate
Agency address:	24 Beacon Street Room 332 Boston, MA 02133
Office Phone:	617-722-1500
Office E-mail:	Karen.Spilka@MaSenate.gov
	<p>I previously filed a disclosure explaining that I accepted reimbursement, waiver or payment by a non-public entity (but not a lobbyist) of travel expenses related to an activity or speaking engagement that served a legitimate public purpose. I am filing this Reconciliation Statement because the actual amount of the travel expenses differed by more than \$50 from the amount I originally disclosed.</p> <p><b>I HAVE ATTACHED A COPY OF MY PREVIOUS DISCLOSURE.</b></p>
	<b>ADDITIONAL EXPENSES</b>
Date of activity or speaking engagement:	January 2-January 5, 2020
Reason that the actual amount differs from the previously disclosed amount by \$50 or more:	<p><b><i>The previously disclosed amounts were estimates based on information available at the time. The Senate Presidents' Forum has subsequently provided cost breakdowns for lodging and meals, which differ from the initial disclosure. Lodging decreased because the Forum secured a group rate for all attendees. Meals increased based on the final tally of their incurred costs.</i></b></p>

**PLEASE INCLUDE DETAILED INFORMATION  
ONLY ABOUT AMOUNTS THAT DIFFER FROM THE AMOUNTS ORIGINALLY DISCLOSED.**

	<u>Previously disclosed amount</u>	<u>Actual amount</u>
Transportation:		
Lodging:	\$2,900.00	\$1,265.64
Meals:	Unknown at the time, estimated to be greater than \$50	\$1,786.00
Admission:		
Other (please list):		
Total:	\$3,603.19	\$ 3,704.83

Employee signature	
Date	February 5, 2020

**Attach additional pages if necessary.**

**Non-elected public employees - file with your appointing authority.**

**Elected state or county employees - file with the State Ethics Commission.**

**Members of the General Court -  
file with the Senate or House Clerk or the State Ethics Commission.**

**Elected municipal employee - file with the city or town clerk.**

**Elected regional school committee member -  
file with the clerk or secretary of the committee.**