

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

PUBLIC EMPLOYEE INFORMATION	
Name of employee:	Michael Moore
Title/ Position	State Senator
Agency/ Department	MA Senate
Agency address:	34 Beacon Street, Rm 109-B Boston, MA 02133
Office Phone:	617-722-1485
Office E-mail:	michael.moore@maseenate.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>I HAVE ATTACHED A COPY OF MY PREVIOUS DISCLOSURE.</p>
ADDITIONAL EXPENSES	
Date of activity or speaking engagement:	6/20 - 6/30/23 7/1/23
Reason that the actual amount differs from the previously disclosed amount by \$50 or more:	<p>I could not anticipate certain costs, including ground transportation and meat. Also, I initially disclosed a reimbursement for \$475 for my registration, but that does not qualify for reimbursement.</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:	\$529.80	\$555.32 (covered upfront by FirstNet) \$154.72
Lodging:	\$844.00	\$852.12
Meals:	N/A	\$407.00
Admission:	\$475.00	\$0
Other (please list):	N/A	N/A
Total:	\$1,848.80	\$1,969.16

Employee signature	<i>Michael O'More</i>
Date	8/24/23

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 employees - file with the city or town clerk.

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

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

ELECTED PUBLIC EMPLOYEE INFORMATION	
Name of elected public employee:	Michael O. Moore
Title/ Position	State Senator
Agency/ Department	Massachusetts Senate
Agency address:	24 Beacon St. Room 109-B Boston, MA, 02133
Office phone:	(617) 722-1485
Office e-mail:	Michael.Moore@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 checked="" 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.	FirstNet Authority and the National Institute of Standards and Technology's Public Safety Communications Research Division are hosting the 5x5 Public Safety Innovation Summit in San Diego.
Describe your participation in the activity.	As the National Conference of State Legislatures' representative on the Public Safety Advisory Committee (PSAC), which performs many functions for FirstNet, I will be attending the 5x5 Public Safety Summit.
Date, time and location of activity.	-12PM on Monday, June 26, 2023 through 7AM on Saturday, July 1, 2023 -Various locations in San Diego
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	I will learn from the PSAC meeting on June 27 and the Summit meetings on June 28-30 and will be able to take that knowledge back to my colleagues in the Commonwealth.

TRAVEL EXPENSES	
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	FirstNet Authority
Address of person or organization.	12201 Sunrise Valley Dr. Reston, VA 20192
Provide information in as much detail as possible:	<i>Itemization and explanation of amounts offered:</i>
Transportation:	Air, train, bus, and taxi fare and rental car hire, etc. Flight - \$529.80 Ground transportation as needed
Lodging:	Overnight accommodations. Hotel: \$211 nightly rate, for an estimated cost of \$844.
Meals:	Breakfast, lunch, dinner, special events. Meals will be provided as part of the meetings.
Admission:	Registration, admission, tickets, etc. \$475 registration fee
Other (please list):	Refreshment, instruction, materials, entertainment, etc..
Total:	\$1848.80 estimated
Write an X beside any relevant statement.	<input 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 both statements.	Having disclosed the facts above, I determine that: <input 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 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:	/s/Michael O. Moore
Date:	6/23/23

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.

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