


**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 <b>elected</b> public employee:   | Karen E. Spilka   |
| Title/ Position   | Senate President  |
| Agency/ Department  | Massachusetts Senate  |
| Agency address:   | Massachusetts State House<br>24 Beacon St., Room 332<br>Boston, MA 02133  |
| Office phone:   | (617) 722-1500  |
| Office e-mail:  | Karen.Spilka@masenate.gov   |
| <b>Write an X to confirm each statement.</b>  | <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> |
|   | <b>ACTIVITY THAT SERVES A LEGITIMATE PUBLIC PURPOSE</b>   |
| Describe the activity which is the reason for traveling.  | The National Conference of State Legislatures' (NCSL) 2023 Assembly Speakers, Senate Presidents, and Senior State Legislators' Delegation trip to Israel.   |
| Describe your participation in the activity.  | I will travel to Israel with other elected officials to meet with Israeli government officials, community leaders, and other political and cultural experts to discuss issues of importance to both Israel and the Commonwealth, including, but not limited to, conflict resolution, community building, education, immigration, and commerce.  |
| Date, time and location of activity.  | June 24 – July 1, 2023<br>Israel  |
| Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality. | The trip will strengthen the Commonwealth's partnership with Israel on a number of topics that are important to Massachusetts and its residents, including, but not limited to, tourism, entrepreneurship, technology, and higher education. The trip's focus on conflict resolution and community building among different religious and ethnic groups is particularly relevant to the Commonwealth and will help inform future policy.          |

|   |  |
|---|--|
|   |  |
|   | <b>TRAVEL EXPENSES</b>   |
| Identify the person or organization that offered to reimburse, waive or pay your travel expenses. | The National Conference of State Legislatures  |
| Address of person or organization.  | 7700 E. First Place<br>Denver, CO 80230  |
| <b>Provide information in as much detail as possible:</b>   | <b><i>Itemization and explanation of amounts offered:</i></b>  |
| Transportation:   | <i>Air, train, bus, and taxi fare and rental car hire, etc.</i><br>Airfare: \$1650<br><br>I have not received the final cost amount for transportation and will submit a reconciliation form with the final cost amount once I have received it.   |
| Lodging:  | <i>Overnight accommodations.</i><br>\$1630   |
| Meals:  | <i>Breakfast, lunch, dinner, special events.</i>   |
| Admission:  | <i>Registration, admission, tickets, etc.</i>  |
| Other (please list):  | <i>Refreshment, instruction, materials, entertainment, etc.</i>  |
| Total:  | \$3280<br><br>I have not received the final cost amount and will submit a reconciliation form with the final cost amount once I have received it.  |
| Write an X beside any relevant statement.   | ____ <b>I have attached the relevant itinerary.</b><br><u>  X  </u> <b>I have attached the relevant agenda.</b>  |
| <b>For the exemption to apply, check off both statements.</b>                                     | <b>Having disclosed the facts above, I determine that:</b><br><br><u>  X  </u> 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<br><br><u>  X  </u> 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: | 6/23/2023 |
|-------|-----------|

**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.**