


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

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| | ELECTED PUBLIC EMPLOYEE INFORMATION |
| Name of elected public employee: | John C. Velis |
| Title/ Position | Senator |
| Agency/ Department | Massachusetts Senate |
| Agency address: | State House 24 Beacon St., Room 513 Boston, MA 02133 |
| Office phone: | 617-722-1415 |
| Office e-mail: | John.velis@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. | I have been invited by The Council of State Governments (CSG) and the National Conference of State Legislatures (NCSL), in collaboration with the U.S. Department of Labor's State Exchange on Employment & Disability (SEED), to participate in the Mental Health Matters: National Task Force on Workforce Mental Health Policy |
| Describe your participation in the activity. | I will be participating in trainings on behavioral health related to substance use and mental health and how to improve workforce mental health policy, attending expert panels, and meeting with public health and behavioral health officials, other state legislators, and staff |
| Date, time and location of activity. | Saturday, April 29, 2023 to Sunday, April 30, 2023 Chicago Marriot Downtown Magnificent Mile, 540 N Michigan Ave, Chicago, IL 60611. |
| Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality. | As a Senator, understanding evidence-based behavioral health responses to support the Commonwealth's workforce will allow me to work with experts to better implement these responses in the Commonwealth's public health system and workforce development infrastructure. Participating in the task force will give |

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| | me the tools to better draft legislation and support my constituents in the area of improving the mental health of the Commonwealth's workforce infrastructure. |
| | TRAVEL EXPENSES |
| Identify the person or organization that offered to reimburse, waive or pay your travel expenses. | <p>Council of State Governments</p> <p>The National Conference of State Legislatures</p> |
| Address of person or organization. | <p>Council of State Governments 1776 Avenue of the States Lexington, KY 40511</p> <p>The National Conference of State Legislatures 7700 East First Place Denver, CO 80230</p> |
| Provide information in as much detail as possible: | <i>Itemization and explanation of amounts offered:</i> |
| Transportation: | <p><i>Air, train, bus, and taxi fare and rental car hire, etc.</i></p> <p>Roundtrip airfare to the task force and back home – \$503.80</p> |
| Lodging: | <p><i>Overnight accommodations.</i></p> <p>I do not have this information at this time but will submit a reconciliation form once I have the final amount.</p> |
| Meals: | <p><i>Breakfast, lunch, dinner, special events.</i></p> <p>I do not have this information at this time but will submit a reconciliation form once I have the final amount.</p> |
| Admission: | <p><i>Registration, admission, tickets, etc.</i></p> <p>I do not have this information at this time but will submit a reconciliation form once I have the final amount.</p> |
| Other (please list): | <p><i>Refreshment, instruction, materials, entertainment, etc.</i></p> <p>I do not have this information at this time but will submit a reconciliation form once I have the final amount.</p> |
| Total: | \$503.80 for airfare, other amounts will be added in a reconciliation form that I will submit once I have the final amount |
| Write an X beside any relevant statement. | <p><input type="checkbox"/> I have attached the relevant itinerary.</p> <p><input checked="" type="checkbox"/> I have attached the relevant agenda.</p> |

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| For the exemption to apply, check off both statements. | 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: | 04/20/2023 |

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.