


**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:	Jacob R. Oliveira
Title/ Position	State Senator
Agency/ Department	Massachusetts State Senate
Agency address:	24 Beacon St. Room 416-B Boston, MA, 02133
Office phone:	(617) 722-1291
Office e-mail:	Jacob.Oliveira@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.	I will be joining other elected political leaders in Lisbon, Portugal, to participate in meetings bringing together Portuguese and Portuguese American elected officials at the Luso-American Legislators' Dialogue.
Describe your participation in the activity.	During this event, I will meet with Portuguese and United States officials and attend panels on Portuguese American issues and relations.
Date, time and location of activity.	June 30 – July 1, 2025 Lisbon, Portugal
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	Massachusetts is home to a large Portuguese American community, and there are significant economic, cultural, environmental, and other issues of mutual interest to Portugal and Massachusetts. My participation in this event will inform my work as a policymaker in addressing the issues experienced by the Portuguese American community in Massachusetts and my district and promote the bilateral relationship between the United States and Portugal.

	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	The Luso-American Development Foundation (FLAD)
Address of person or organization.	Rua Sacramento à Lapa, 21 1249-090 Lisbon, Portugal
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> Airfare: \$1,663.98 Ground Transportation: \$80
Lodging:	<i>Overnight accommodations.</i> \$900.00
Meals:	<i>Breakfast, lunch, dinner, special events.</i> \$280.00
Admission:	<i>Registration, admission, tickets, etc.</i>
Other (please list):	<i>Refreshment, instruction, materials, entertainment, etc.</i>
Total:	\$2,923.98
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 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:	6/27/2025

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.