

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

	PUBLIC EMPLOYEE INFORMATION
Name of employee:	Pavel Payano
Title/ Position	State Senator, First Essex District
Agency/ Department	Massachusetts State Senate
Agency address:	Massachusetts State House 24 Beacon Street, Room 413-B Boston, MA 02133
Office Phone:	617-722-1604
Office E-mail:	Pavel.Payano@masenate.gov
	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. I HAVE ATTACHED A COPY OF MY PREVIOUS DISCLOSURE.
	ADDITIONAL EXPENSES
Date of activity or speaking engagement:	May 14-15, 2026
Reason that the actual amount differs from the previously disclosed amount by \$50 or more:	At the time I submitted the disclosure, I had not received receipts or an itemized statement of the costs being covered. I am filing this reconciliation statement now that I have all the costs there were covered by the National Conference of State Legislatures for this trip.

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

	<u>Previously disclosed amount</u>	<u>Actual amount</u>
Transportation:	Flights: \$635.52	Flights: \$697.31 Ground Transportation: \$325.18
Lodging:		\$649.61 (2 nights)
Meals:		\$404.82 (6 meals)
Admission:		
Other (please list):		
Total:		\$2076.92

Employee signature	
Date	May 29, 2026

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.**

**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:	Pavel Payano
Title/ Position	State Senator
Agency/ Department	Massachusetts State Senate
Agency address:	Massachusetts State House 24 Beacon St., Room 413-B Boston, MA 02133
Office phone:	(617) 722-1604
Office e-mail:	Pavel.Payano@masenate.gov
Write an X to confirm each statement.	I am filing this disclosure because: <u> X </u> 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 <u> X </u> A non-public entity (but not a lobbyist) has offered to reimburse, waive or pay travel expenses and costs worth more than \$50.
	ACTIVITY THAT SERVES A LEGITIMATE PUBLIC PURPOSE
Describe the activity which is the reason for traveling.	I will be attending the National Conference of State Legislatures' ("NCSL") Health Innovations Task Force meeting.
Describe your participation in the activity.	I will be connecting and collaborating with subject matter experts and other state policymakers in exploring the impact of and opportunities for artificial intelligence in behavioral health settings.
Date, time and location of activity.	May 14-15, 2026 Sheraton Centre Toronto Hotel 123 Queen St W, Toronto, ON M5H 2M9, Canada
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	As a Senator, the Senate Vice Chair of the Joint Committee on Advanced Information Technology, the Internet and Cybersecurity, and a member of the Joint Committee on Health Care Financing, I will learn more about the use of artificial intelligence (AI) and AI chatbots in behavioral health settings and engage with subject matter experts and other state policymakers on the legal and policy considerations on the use of AI technology in clinical settings. I will also participate in a site visit to the Centre for

	Addiction and Mental Health to see first-hand how AI in behavioral health is being used in both research and clinical settings. My participation in the meeting will inform my work in the Massachusetts Senate on behalf of the residents of the Commonwealth and support future policymaking in the area of artificial intelligence and health care.
	TRAVEL EXPENSES
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 Denver, CO 80230
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> Flights: \$635.52
Lodging:	<i>Overnight accommodations.</i> NCSL will be covering two nights of lodging. I do not have the specific lodging costs at this time, but I will submit a reconciliation form once I have the final amount.
Meals:	<i>Breakfast, lunch, dinner, special events.</i> NCSL will be covering meals during the meeting. I do not have this cost information at this time, but I will submit a reconciliation form once I have the final amount.
Admission:	<i>Registration, admission, tickets, etc.</i> There is no cost for admission to this meeting.
Other (please list):	<i>Refreshment, instruction, materials, entertainment, etc.</i>
Total:	I will file a reconciliation form once I receive the final amounts from NCSL.
Write an X beside any relevant statement.	☐ I have attached the relevant itinerary. ☒ I have attached the relevant agenda.
For the exemption to apply, check off both statements.	Having disclosed the facts above, I determine that: ☒ 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 ☒ 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:	May 14, 2026

Attach additional pages if necessary.

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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.

