

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

	PUBLIC EMPLOYEE INFORMATION
Name of employee:	Lydia Edwards
Title/ Position	State Senator, Third Suffolk
Agency/ Department	Massachusetts State Senate
Agency address:	Massachusetts State House 24 Beacon Street, Room 413-A Boston, MA 02133
Office Phone:	617-722-1634
Office E-mail:	Lydia.Edwards@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:	June 17-19, 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 ground transportation and meal costs being covered. I am filing this reconciliation statement now that I have received all the costs that 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:		\$133.31 (ground transportation)
Lodging:	\$802.00 (2 nights)	\$916.00 (2 nights)
Meals:		\$435.95 (9 meals/snacks)
Admission:		
Other (please list):		
Total:	\$802.00	\$1,485.26

Employee signature	
Date	June 30, 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:	Lydia Edwards
Title/ Position	State Senator, Third Suffolk
Agency/ Department	Massachusetts State Senate
Agency address:	Massachusetts State House 24 Beacon Street, Room 413-A Boston, MA 02133
Office phone:	617-722-1634
Office e-mail:	Lydia.Edwards@masenate.gov
Write an X to confirm each statement.	I am filing this disclosure because: ☒ 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 ☒ 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 first meeting of the National Conference of State Legislatures' ("NCSL") Pretrial Policy Fellows Program (the "Program"), which is a year-long peer-learning leadership program.
Describe your participation in the activity.	I will be a participant in this Program.
Date, time and location of activity.	June 17-19, 2026 Waikiki Beach Marriott Resort and Spa 2552 Kalakaua Avenue Honolulu, HI 96815
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	As a senator and Senate Chair of the Joint Committee on the Judiciary, I review and consider a variety of policy matters pertaining to the criminal justice system, including, but not limited to, balancing the rights of those accused with the rights of victims and the public in general. My participation in the Program will enable me to gather and collaborate with state legislators and subject matter experts on the pretrial process in general to further develop my understanding of different state approaches to pretrial practices, release and retention eligibility, conditions

	attached to pretrial release, pretrial diversion programs, and the nexus of pretrial policy and mental health issues. These discussions will inform my policy work in this area in the Massachusetts Senate on behalf of the Commonwealth and its residents.
	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	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: \$1,742.80
Lodging:	<i>Overnight accommodations.</i> \$802.00 (2 nights)
Meals:	<i>Breakfast, lunch, dinner, special events.</i> I do not have this information at this time but will submit a reconciliation form once I receive the final amount covered.
Admission:	<i>Registration, admission, tickets, etc.</i> There is no cost for admission to the Program.
Other (please list):	<i>Refreshment, instruction, materials, entertainment, etc.</i>
Total:	\$2,544.80
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:	