

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

	PUBLIC EMPLOYEE INFORMATION
Name of employee:	Paul R. Feeney
Title/ Position	State Senator, Bristol and Norfolk District
Agency/ Department	Massachusetts State Senate
Agency address:	Massachusetts State House 24 Beacon Street, Room 112 Boston, MA 02133
Office Phone:	617-722-1222
Office E-mail:	Paul.Feeney@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 31-June 2, 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 that were covered for this trip. The Hoover Institution covered the costs of lodging, ground transportation between the hotel and campus, and meals. The National Conference of State Legislatures covered the cost of flights.

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

	<u>Previously disclosed amount</u>	<u>Actual amount</u>
Transportation:		Ground transportation/Shuttle: \$23.84
Lodging:		\$1,558.44 (3 nights)
Meals:		\$513.63 (6 meals)
Admission:		
Other (please list):		
Total:		\$2,095.91

Employee signature	
Date	June 16, 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:	Paul R. Feeney
Title/ Position	State Senator, Bristol and Norfolk District
Agency/ Department	Massachusetts State Senate
Agency address:	Massachusetts State House 24 Beacon Street, Room 112 Boston, MA 02133
Office phone:	617-722-1222
Office e-mail:	Paul.Feeney@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 have been selected by Senate President Karen Spilka to attend the Hoover Institution's State and Local Leadership Forum (the "Forum").
Describe your participation in the activity.	I will be a participant in the Forum.
Date, time and location of activity.	May 31 – June 2, 2026 Hoover Institution 434 Galvez Mall Stanford, CA 94305-6010
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	My participation in the Forum will enable me to gather and collaborate with state legislators from across the county to discuss issues of importance to our constituents and to hear and learn from Hoover scholars on a wide range of issues including, but not limited to, the role of the United States on the international stage, state and local initiatives, economic and security initiatives, global and local energy, immigration, and challenges to global stability. My participation in the Forum will

	inform my work in the Massachusetts Senate on these topics of importance to the Commonwealth and its residents.
	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	The Hoover Institution is covering the costs of lodging and meals. The National Conference of State Legislatures is covering transportation costs including the cost of flights and ground transportation.
Address of person or organization.	Hoover Institution: 434 Galvez Mall, Stanford, CA 94305 National Conference of State Legislatures: 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: \$1,122.40
Lodging:	<i>Overnight accommodations.</i> Three nights of lodging will be covered; I will submit a reconciliation form once I receive the final amount covered.
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>
Other (please list):	<i>Refreshment, instruction, materials, entertainment, etc.</i>
Total:	I will file a reconciliation form once I receive the final amounts from the Hoover Institution and the National Associations of State Legislatures.
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 29, 2026

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.

