


**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:	Sonia Chang-Díaz
Title/ Position	State Senator
Agency/ Department	Senate
Agency address:	MA State House, 24 Beacon St., Room 111, Boston, MA 021
Office phone:	617-722-1673
Office e-mail:	Sonia.chang-diaz@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.	Attending Harvard Street Neighborhood Health Center Celebration of Health annual gala.
Describe your participation in the activity.	Attend event and show my support to their organization.
Date, time and location of activity.	<p>10/29/15 6-9pm Seaport Boston Hotel, Mezannine Level, Lighthouse Room, 1 Seaport Lane, Boston, MA 02210, United States</p>
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	The Health Center is in my district and serves several of my constituents, and my attendance assists in highlighting their work as well as helping in recognizing their honorees for this year whose work heavily contributed to the well-being of my constituents.

	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	Harvard Street Neighborhood Health Center
Address of person or organization.	632 Blue Hill Avenue, Dorchester, MA 02121
Provide information in as much detail as possible:	Itemization and explanation of amounts offered:
Transportation:	<i>Air, train, bus, and taxi fare and rental car hire, etc.</i>
Lodging:	<i>Overnight accommodations.</i>
Meals:	<i>Breakfast, lunch, dinner, special events.</i>
Admission:	<i>Registration, admission, tickets, etc.</i> \$200
Other (please list):	<i>Refreshment, instruction, materials, entertainment, etc.</i>
Total:	\$200
Write an X beside any relevant statement.	<input type="checkbox"/> I have attached the relevant itinerary. <input type="checkbox"/> I have attached the relevant agenda.
For the exemption to apply, check off <u>both statements</u> .	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:	11/12/15

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.