

**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:	Senator Harriette L. Chandler
Title/ Position	Senator
Agency/ Department	State Senate
Agency address:	24 Beacon Street, Boston MA, 02133
Office phone:	617-722-1544
Office e-mail:	harriette.chandler@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.	<p align="center">Attending Women In Government's 2021 Healthcare & Technology Summit to discuss and learn about emerging health policy trends and innovations.</p>
Describe your participation in the activity.	Attendee
Date, time and location of activity.	Friday Oct. 1st — Sat. October 2nd, 2021. Mayflower Hotel, Washington DC.
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	<p align="center">This meeting of policy experts and state legislators from across the country will inform our work on health equity and innovation for future deliberations regarding healthcare reform. (Conference Agenda Attached)</p>

TRAVEL EXPENSES	
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	Women in Government
Address of person or organization.	Women In Government 444 North Capitol Street, NW Suite 401 Washington, DC 20001
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> To be determined - will file reconciliation form with the final amount once we have received it from Women in Government
Lodging:	<i>Overnight accommodations.</i> To be determined - will file reconciliation form with the final amount once we have received it from Women in Government. Estimated: \$160.
Meals:	<i>Breakfast, lunch, dinner, special events.</i> Estimated: \$250
Admission:	<i>Registration, admission, tickets, etc.</i> To be determined - will file reconciliation form with the final amount once we have received it from Women in Government
Other (please list):	<i>Refreshment, instruction, materials, entertainment, etc.</i>
Total:	More than \$410 - will file reconciliation form with the final amount once we have received it from Women in Government
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 <u>both</u> 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:	<i>Hannelle L. Chandler</i>
Date:	9/30/2021

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.