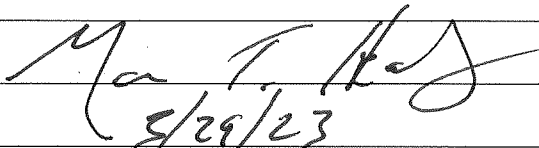


**DISCLOSURE BY ELECTED PUBLIC EMPLOYEE
OF TRAVEL EXPENSES SERVING A LEGITIMATE PUBLIC PURPOSE
AS REQUIRED BY 930 CMR 5.08(2)(d)2.**

| | |
|---|--|
| | ELECTED PUBLIC EMPLOYEE INFORMATION |
| Name of elected public employee: | Maura Healey |
| Title/ Position | Governor |
| Agency/ Department | Office of the Governor |
| Agency address: | Massachusetts State House, Room 360 Boston, MA 02133 |
| Office phone: | 617-725-4005 |
| Office e-mail: | Maura.Healey@mass.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 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. | Democratic Governors Association Cabinet Retreat |
| Describe your participation in the activity. | I will be attending and participating in the Democratic Governors Association Cabinet Retreat. |
| Date, time and location of activity. | March 31, 2023-April 2, 2023; Eau Palm Beach Resort & Spa (100 S Ocean Blvd, Manalapan, FL 33462) |
| Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality. | By participating in the conference programming, I will be able to connect with leaders of state government from across the country, develop collaborative interstate relationships, and participate in a constructive series of solutions-driven conversations. |

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| | TRAVEL EXPENSES |
| Identify the person or organization that offered to reimburse, waive or pay your travel expenses. | Democratic Governors Association |
| Address of person or organization. | 1225 Eye St. NW, Suite 1100 Washington, DC 20005 |
| 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> Airfare: \$713.55 |
| Lodging: | <i>Overnight accommodations.</i> \$1,458 |
| Meals: | <i>Breakfast, lunch, dinner, special events.</i> |
| Admission: | <i>Registration, admission, tickets, etc.</i> |
| Other (please list): | <i>Refreshment, instruction, materials, entertainment, etc.</i> Refreshments and materials presumed to exceed \$300 in value. |
| Total: | Estimated: \$2,471.55 |
| 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</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 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: | 5/29/23 |

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.