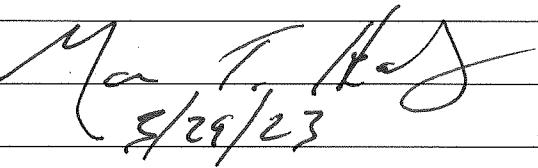


**DISCLOSURE BY ELECTED PUBLIC EMPLOYEE
OF TRAVEL EXPENSES SERVING A LEGITIMATE PUBLIC PURPOSE
AS REQUIRED BY 930 CMR 5.08(2)(d)2.**

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 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.	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.

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:	Air, train, bus, and taxi fare and rental car hire, etc. Airfare: \$713.55
Lodging:	Overnight accommodations. \$1,458
Meals:	Breakfast, lunch, dinner, special events.
Admission:	Registration, admission, tickets, etc.
Other (please list):	Refreshment, instruction, materials, entertainment, etc. 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 both 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:	
Date:	3/29/23

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.