## 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 <b>elected</b> public employee:	Andrea Joy Campbell
Title/ Position	Attorney General
Agency/ Department	Office of the Attorney General
Agency address:	One Ashburton Place, Boston, MA 02108
Office phone:	617-727-2200
Office e-mail:	Andrea.J.Campbell@mass.gov
Write an X to confirm each statement.	I am filing this disclosure because:  _x_ 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  _x_ 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.	Attending the Progressive State Leaders Committee 2025 Policy Conference in Los Angeles California to meet with fellow attorneys general and discuss important issues facing states' attorneys' general, collaborate and network with fellow attorneys general.
Describe your participation in the activity.	Conference attendee
Date, time and location of activity.	February 11, 2025 – February 13, 2025 Los Angeles California Loews Hotel 1755 North Highland Ave. Hollywood, CA
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	To participate in working groups and collaborate with other state attorneys general on various issues confronting state attorneys general including federal funding, constitutional, consumer, health care, environmental, and reproductive rights issues/matters as well as attending Women's Initiatives Networking to bring strategies and information back to the AGO to further support AGO initiatives.

	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	Progressive State Leaders' Committee
Address of person or organization.	1350 I Street NW NO 300 Washington DC 20005
Provide information in as much detail as possible:	Itemization and explanation of amounts offered:
Transportation:	Air, train, bus, and taxi fare and rental car hire, etc. \$434.97
Lodging:	Overnight accommodations. \$579.18
Meals:	Breakfast, lunch, dinner, special events. \$200 (estimate)
Admission:	Registration, admission, tickets, etc.
Other (please list):	Refreshment, instruction, materials, entertainment, etc.
Total:	\$1,214.15 (estimate)
Write an X beside any relevant statement.	_x_ I have attached the relevant itineraryx I have attached the relevant agenda.
For the exemption to apply, check off both statements.  Employee signature:	Having disclosed the facts above, I determine that:  _x_ 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  _x_ Such public purpose outweighs any special non-work related benefit to me or to the person providing the reimbursement, waiver or payment.
Date:	

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.