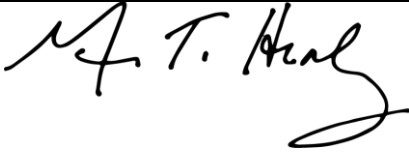


**DISCLOSURE BY ELECTED PUBLIC EMPLOYEE
OF TRAVEL EXPENSES SERVING A LEGITIMATE PUBLIC PURPOSE
AS REQUIRED BY 930 CMR 5.08(2)(d)2.**

ELECTED PUBLIC EMPLOYEE INFORMATION	
Name of elected public employee:	Maura Healey
Title/ Position	Governor
Agency/ Department	Office of the Governor
Agency address:	24 Beacon Street, 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 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 - Asheville Summit
Describe your participation in the activity.	I will attend policy discussions with elected counterparts and leaders from other state governments.
Date, time and location of activity.	Biltmore, 1 Lodge St, Asheville, NC 28803; October 2-3, 2023
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	While at the summit, I will connect and facilitate interstate relationships with Governors from other state governments from across the country, and I will participate in a series of solutions-driven policy 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.	Democratic Governors Association 7920 Sunset Boulevard Los Angeles, CA 90046
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> \$423.30
Lodging:	<i>Overnight accommodations.</i> Estimated: \$918
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>
Total:	Estimated: \$1,341.30
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 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:	10/2/2023

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.