# DISCLOSURE BY ELECTED PUBLIC EMPLOYEE

# OF TRAVEL EXPENSES SERVING A LEGITIMATE PUBLIC PURPOSE

# AS REQUIRED BY 930 CMR 5.08(2)(d)2.

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|  | **ELECTED PUBLIC EMPLOYEE INFORMATION** |
| Name of **elected**public employee: |  |
| Title/ Position |  |
| Agency/ Department |  |
| Agency address: |  |
| Office phone: |  |
| Office e-mail: |  |
| **Write an X to confirm each statement.** | I am filing this disclosure because:\_\_\_ 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\_\_\_ 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. |  |
| Describe your participation in the activity. |  |
| Date, time and location of activity. |  |
| Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality. |  |
|  | **TRAVEL EXPENSES** |
| Identify the person or organization that offered to reimburse, waive or pay your travel expenses. |  |
| Address of person or organization. |  |
| **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.* |
| Lodging: | *Overnight accommodations.* |
| Meals: | *Breakfast, lunch, dinner, special events.* |
| Admission: | *Registration, admission, tickets, etc.* |
| Other (please list): | *Refreshment, instruction, materials, entertainment, etc.* |
| Total: |  |
| Write an X beside any relevant statement. | \_\_\_\_ **I have attached the relevant itinerary.**\_\_\_\_ **I have attached the relevant agenda.** |
| **For the exemption****to apply,** **check off****both statements.** | **Having disclosed the facts above, I determine that:** \_\_\_ 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\_\_\_ 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: |  |

**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.**

**Form revised February, 2012**