DISCLOSURE BY ELECTED PUBLIC EMPLOYEE
OF EXPENSES RELATED TO ATTENDANCE AT AN EVENT
SERVING A LEGITIMATE PUBLIC PURPOSE
AS REQUIRED BY 930 CMR 5.08(3)(b)

	ELECTED PUBLIC EMPLOYEE INFORMATION
Name of **elected** public employee:	Luis Ojeda
Title/ Position	District 4 - City Councilor
Office:	Worcester City Council
Office address:	455 Main St Room 310 Worcester, MA 01605
Office phone:	508-799-1049
Office E-mail:	council@worcesterma.gov
Write an X to confirm each statement.	I am filing this disclosure because: _x__ My attendance at an event will serve a legitimate public purpose, i.e., it will promote the interests of the Commonwealth, a county or a municipality; and __x_ A non-public entity (but not a lobbyist) has offered to pay or waive expenses worth more than $50 related to the event.
	EVENT ATTENDED
Describe the event that you will attend.	Worcester Red Sox Opening Day March 28, 2025 Pre-game reception from 12pm-2pm
Describe your participation in the event.	Participating in Worcester Red Sox Opening Day ceremony
Date, time and location of event.	Polar Park on Friday March 28
	EXPENSES RELATED TO INCIDENTAL HOSPITALITY
Identify the person or organization that offered to reimburse, pay or waive expenses.	Worcester Red Sox

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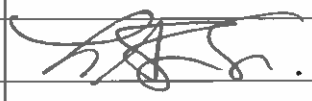
Address of person or organization.	Worcester Red Sox – Polar Park – 100 Madison St Worcester, MA 01608
Provide information in as much detail as possible:	***Itemization and explanation of amounts offered:***
Transportation:	*Air, train, bus, and taxi fare and rental car hire, etc.*
Meals:	*Breakfast, lunch, dinner, special events.* Complimentary Food and Beverage $25.00
Admission:	*Admission, tickets, etc.* 2 Polar Park ticket at $10 = $20
Other (please list):	*Refreshment, entertainment, etc.*
Total:	Total Gift Value $45.00
For the exemption to apply, check off <u>both</u> <u>statements</u>.	**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., 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.
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	My attendance at an event will serve a legitimate public purpose for promoting tourism and economic development.
Employee signature:	
Date:	3/25/2025

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.

Form revised February, 2012