DISCLOSURE BY NON-ELECTED PUBLIC EMPLOYEE
OF TRAVEL EXPENSES SERVING A LEGITIMATE PUBLIC PURPOSE
AS REQUIRED BY 930 CMR 5.08(2)(d)1.

	NON-ELECTED PUBLIC EMPLOYEE INFORMATION
Name of **non-elected** public employee:	Kiame Mahaniah
Title/ Position	Secretary
Agency/ Department	Executive Office of Health and Human Services
Agency address:	1 Ashburton Place 11th Floor Boston, MA 02108
Office phone:	[redacted]
Office e-mail:	Kiame.J.Mahaniah@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.	State Health and Human Services Secretaries Convening
Describe your participation in the activity.	I will attend the convening and engage in solutions-based policy discussions with other state health leaders.
Date, time and location of activity.	June 1-2, 2026 Washington, D.C.
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	Attending this convening will provide the opportunity to connect with other state Secretaries, discuss shared priorities, and engage with federal policymakers on key opportunities to promote the interests of the Commonwealth.

	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	Milbank Memorial Fund
Address of person or organization.	1001 Avenue of the Americas, Suite 503 New York, NY 10018
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.* $754.80
Lodging:	*Overnight accommodations.* $762.96 (2 nights)
Meals:	*Breakfast, lunch, dinner, special events.* Approx. $100 ($50/day)
Admission:	*Registration, admission, tickets, etc.*
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.*
Total:	Approximately $1,617.76
Write an X beside any statement that applies.	**___ I have attached the relevant itinerary.** **___ I have attached the relevant agenda.**
Employee signature:	
Date:	9/22/26

Attach additional pages if necessary.

Complete the disclosure and submit it to your appointing authority.

DETERMINATION BY APPOINTING AUTHORITY

	APPOINTING AUTHORITY INFORMATION
Name of Appointing Authority:	Maura Healey (by Chief of Staff Kate Cook)
Agency and Title/Position:	Governor/Office of the Governor
Agency address:	24 Beacon Street, Boston, MA 02133
Office phone:	(617) 725-4005
Employee who filed the disclosure:	Kiame Mahaniah
	DETERMINATION
To give approval, check <u>both</u> statements.	Upon consideration of the facts disclosed by the employee above, I find 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 the employee or the person providing the reimbursement, waiver or payment.
Reason that the employee's travel or attendance will serve a legitimate public purpose:	As stated in the disclosure.
Appointing Authority signature:	Kate Cook
Date:	5/7/24

Attach additional pages if necessary.

The appointing authority should maintain the disclosure as a public record and give a copy of any signed determination to the employee.