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:	Thomas Ashe
Title/ Position	Director of Legislative Affairs
Agency/ Department	Office of the Governor
Agency address:	Office of the Governor 24 Beacon Street Boston, MA 02133
Office phone:	(617) 725-4005
Office e-mail:	Tom.Ashe@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.	I will be attending the National Governors Association's 2026 Policy Summit for Governors' senior policy and legislative staff.
Describe your participation in the activity.	I will attend and participate in policy discussions.
Date, time and location of activity.	May 26-28, 2026 JW Marriott Hotel 614 Canal Street New Orleans, LA 70130
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	At the convening, I will connect and facilitate interstate relationships with policy staffers from Governors' offices across the country, and I will participate in a series of conversations in policy areas of shared concern.

	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	National Governors Association
Address of person or organization.	444 North Capitol Street, Suite 267 Washington, DC 20001
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.* $581.80
Lodging:	*Overnight accommodations.* $406.00
Meals:	*Breakfast, lunch, dinner, special events.*
Admission:	*Registration, admission, tickets, etc.* Approx. $150 ($50/day)
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.*
Total:	Approx. $1,137.80
Write an X beside any statement that applies.	**____ I have attached the relevant itinerary.** **____ I have attached the relevant agenda.**
Employee signature:	/s/ Tom Ashe
Date:	May 17, 2026

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:	Office of the Governor
Agency address:	24 Beacon Street Boston, MA 02133
Office phone:	617-725-4005
Employee who filed the disclosure:	Thomas Ashe
	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/[illegible]/26

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.