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:	Kimberly Parr
Title/ Position	Deputy Legal Counsel
Agency/ Department	Office of the Governor
Agency address:	24 Beacon Street, Boston, MA 02133
Office phone:	(617) 725-4005
Office e-mail:	Kimberly.A.Parr@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 am traveling to a Democratic Governors Association policy conference to connect with my staff counterparts from other states and discuss current policy issues.
Describe your participation in the activity.	I will attend networking receptions and panel discussions with other staff.
Date, time and location of activity.	Monday, March 30, 2026 – Tuesday, March 31, 2026 New Orleans, LA
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	While at the conference, I will build relationships with staffers from other state governments from across the country. I will also participate in a series of solution-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:	***Itemization and explanation of amounts offered:***
Transportation:	*Air, train, bus, and taxi fare and rental car hire, etc.* Est. $689.4
Lodging:	*Overnight accommodations.* Est. $397
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 statement that applies.	**____ I have attached the relevant itinerary.** **____ I have attached the relevant agenda.**
Employee signature:	/s/ Kimberly Parr
Date:	March 27, 2027

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/Governor
Agency address:	24 Beacon Street, Boston, MA 02133
Office phone:	(617) 725 4000
Employee who filed the disclosure:	Kimberly Parr
	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:	/s/ Kate Cook
Date:	March 27, 2026

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.