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
	Kiame Mahaniah
Title/ Position	Secretary
Agency/ Department	EOHHS
Agency address:	One Ashburton Place
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.	Annual alumni meeting of the Milbank Fellows Program that will be held on December 8-9, 2025, in New Orleans, Louisiana
Describe your participation in the activity.	I will attend the alumni meeting of the Milbank fellows program. I will share knowledge and experience with other alumni and learn from their experience to improve the health of the Commonwealth's population
Date, time and location of activity.	December 8, 9 2025
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	The Milbank Memorial Fund is an endowed operating foundation that engages in nonpartisan analysis, collaboration, and communication, with an emphasis on state health policy. The Fund supports networks of state health policy decision makers to help identify, inspire, and inform policy leaders. As 2023 alumni of the Milbank Fellows Program, my participation promotes the interests of the Commonwealth through engagement in sharing knowledge and experience, as well as analysis to improve the health of the Commonwealth's population and health equity for all.
	TRAVEL EXPENSES

Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	**Gail Cambridge** Administrative Services Manager Milbank Memorial Fund
Address of person or organization.	**Gail Cambridge** **Phone:** [redacted] **Email:** cambridge@milbank.org
Provide information in as much detail as possible:	645 Madison Avenue, 15th Floor New York, NY 10022
Transportation:	*Air, train, bus, and taxi fare and rental car hire, etc.* $381.97
Lodging:	*Overnight accommodations.* ~$170.00
Meals:	*Breakfast, lunch, dinner, special events.* ~$400.00
Admission:	*Registration, admission, tickets, etc.* 0
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.*
Total:	$951.97
Write an X beside any statement that applies.	X ____ **I have attached the relevant itinerary.** X ____ **I have attached the relevant agenda.**
Employee signature:	
Date:	11/24/25

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)
Title/ Position:	Governor
Agency/ Department	Office of the Governor
Agency Address:	State House, Room 360, Boston, MA
Office Phone:	(617) 724-4000
Office E-mail:	
Employee who filed the disclosure:	Kiame Mahaniah
	DETERMINATION
To give approval, check off <u>both</u> <u>statements</u>.	Upon consideration of the facts disclosed by the employee above, I find that: _x__ The employee's attendance at the event 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 paying or waiving expenses related to the event.
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:	12/1/25

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.