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	EOHHS
Agency address:	1 Ashburton Place 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 HHS Leadership Peer Network Convening at NASHP Conference A convening of over 25 health secretaries, to learn from each other, from content experts and to interact with our federal counterparts.
Describe your participation in the activity.	I will participate in peer discussion and in giving/getting feedback from federal colleagues.
Date, time and location of activity.	September 8, 9 Town and Country Hotel 500 Hotel Circle North San Diego, CA 92108
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	Establish relationships with other secretaries and with colleagues at the federal level, better understand how to tackle current challenges.
	TRAVEL EXPENSES

Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	NASHP (Nat'l Academy for State Health Policy) pays for Boston to SD to SF, and three nights in San Diego.
Address of person or organization.	NASHP 1233 20th St., N.W., Suite 303 Washington, DC 20036
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.* Flight: BOS to SD, SD to SF: $286.78
Lodging:	*Overnight accommodations.* 9/6 to 9/9 est.$800
Meals:	*Breakfast, lunch, dinner, special events.* Included in conference fee
Admission:	*Registration, admission, tickets, etc.* $645
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.*
Total:	$1731.78
Write an X beside any statement that applies.	**____ I have attached the relevant itinerary.** **__X__ I have attached the relevant agenda.** **#1 Agenda - NASHP**
Employee signature:	
Date:	8/16/2025

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 both statements.	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:	9/5/25

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.