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:	Melissa Hoffer
Title/ Position	Climate Chief
Agency/ Department	Office of Climate Innovation and Resilience Office of Governor Maura Healey
Agency address:	1 Ashburton Place, Boston MA 16th Floor, Suite 1619
Office phone:	[redacted]
Office e-mail:	Melissa.Hoffer@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.	This is a full weekend event centered around education on the intersections between Climate and animal agriculture https://www.farmsanctuary.org/events/hoedown-weekend-2025/
Describe your participation in the activity.	I will attend the event and participate as a featured event speaker.
Date, time and location of activity.	August 1 – 3, 2025 Watkins Glen, NY
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	Attending this event will facilitate relationship building with people involved in working to make food systems more sustainable and ethical, and supporting local farmers/agriculture. This will also give a platform to discuss the Commonwealth's strategy, approach, and goals to creating a sustainable and thriving food system.

	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	Farm Sanctuary
Address of person or organization.	3100 Aikens Road (use P.O. Box 150 for mail service) Watkins Glen, NY 14891
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.* N/A (self-funded)
Lodging:	*Overnight accommodations.* 2 nights of lodging in on site tiny house, operated by Farm Sanctuary (comped), value of $784
Meals:	*Breakfast, lunch, dinner, special events.* Assumed to be greater than ~$50
Admission:	*Registration, admission, tickets, etc.*
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.*
Total:	Approximately ~$800-850
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:	7/18/25

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)
Agency and Title/Position:	Governor, Office of the Governor
Agency address:	State House, Room 360, Boston, MA
Office phone:	(617) 724-4000
Employee who filed the disclosure:	Melissa Hoffer
	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:	7/30/25

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.