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:	April English
Title/ Position	Chief Secretary
Agency/ Department	Office of the Governor
Agency address:	State House Room 271-M Boston, MA 02133
Office phone:	(617) 725-4005
Office e-mail:	April.c.English@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.	South Asian Bar Association of Greater Boston
Describe your participation in the activity.	I will be attending the South Asian Bar Association of Greater Boston's 2024 Awards Gala on behalf of the Governor's Office. I have no formal role.
Date, time and location of activity.	October 5, 2024, 6 p.m., Mandarin Oriental, Boston, MA
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	I have been invited to represent the Governor's Office at this event that gathers attorneys, judges, and prominent business and community leaders to celebrate the accomplishments of the South Asian community in Massachusetts. My attendance will demonstrate the Office's support for our state's South Asian community and offer an opportunity to connect with and learn from other policymakers, lawyers, judges, and community leaders in attendance.

	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	South Asian Bar Association of Greater Boston
Address of person or organization.	16 Beacon St, Boston, MA 02108
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.*
Lodging:	*Overnight accommodations.*
Meals:	*Breakfast, lunch, dinner, special events.*
Admission:	*Registration, admission, tickets, etc.* $250
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.*
Total:	$250
Write an X beside any statement that applies.	__X__ **I have attached the relevant itinerary.** __X__ **I have attached the relevant agenda.**
Employee signature:	/s/ April English
Date:	October 3, 2024

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
Agency address:	State House Room 360 Boston, MA 02133
Office phone:	(617) 725-4005
Employee who filed the disclosure:	April English
	DETERMINATION
To give approval, check both 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:	10/3/24

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.