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:	Will Rasky
Title/ Position	Director of Federal Affairs
Agency/ Department	Office of the Governor
Agency address:	400-444 North Capitol St SW, Suite 315, Washington, DC 20001
Office phone:	[redacted]
Office e-mail:	william.rasky@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.	The NGA Summer Meeting is attended by the nation's Governors and serves as a forum for bipartisan coordination on pressing issues including infrastructure investment, economic growth, crisis management and health care solutions.
Describe your participation in the activity.	I will attend a series of panel discussions where the topics range from infrastructure, disaster and crisis management, strengthening youth mental health, as well as the importance of bipartisan leadership.
Date, time and location of activity.	Wednesday, July 12th – Friday, July 14th, 2023, Atlantic City, NJ.
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	By participating in the conference programming, I will be able to connect with various leaders of state government and develop collaborative interstate relationships. Additionally, I will have the opportunity to participate in constructive series of solutions-driven conversations, as well as opportunities to engage with partners from the federal government, and leaders from the business and philanthropic communities.

	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	National Governor's Association
Address of person or organization.	National Governors Association 444 North Capitol Street, Suite 267, Washington, D.C. 20001
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
Lodging:	*Overnight accommodations.* Hotel (3 nights) = $475
Meals:	*Breakfast, lunch, dinner, special events.* Breakfast(x2), Lunch(x3) and Dinner (x2) = ~ $175
Admission:	*Registration, admission, tickets, etc.* $450.00
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.*
Total:	$1100.00
Write an X beside any statement that applies.	**____ I have attached the relevant itinerary.** **____ I have attached the relevant agenda.**
Employee signature:	/s/ Will Rasky
Date:	7/9/2023

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 T. Healey
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:	Will Rasky
	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:	By attending this conference Will can assist myself and our team by hearing from and connecting with other state leaders on a wide range of issues including but not limited to infrastructure investment, economic growth, crisis management and health care solutions.
Appointing Authority signature:	Ma T. Heal
Date:	7/9/23

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.