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:	Gabreille Viator
Title/ Position	Senior Advisor
Agency/ Department	Office of the Governor
Agency address:	24 Beacon Street, Boston, MA 02133
Office phone:	[redacted]
Office e-mail:	gabe.viator@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.	I am traveling to the Democratic Governors Association Senior Staff Retreat to connect with my senior staff counterparts and discuss current policy issues.
Describe your participation in the activity.	I will attend networking receptions and panel discussions with other senior staff.
Date, time and location of activity.	Tuesday, April 11 – Wednesday, April 12, 2023 Renaissance Washington, DC Downtown Hotel 999 9th St NW Washington, DC 20001
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	While at the retreat, I will connect and facilitate interstate relationships with senior staffers from other state governments from across the country, and I will participate in a series of solutions-driven policy conversations.

	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	Democratic Governor's Association
Address of person or organization.	Democratic Governor's Association 7920 Sunset Boulevard Los Angels, CA 90046
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.* $242.80
Lodging:	*Overnight accommodations.* Lodging for one night presumed to exceed $375 in value.
Meals:	*Breakfast, lunch, dinner, special events.* Meals presumed to exceed $75 in value.
Admission:	*Registration, admission, tickets, etc.* n/a
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.* n/a
Total:	$692.80
Write an X beside any statement that applies.	_X_ **I have attached the relevant itinerary.** ___ **I have attached the relevant agenda.**
Employee signature:	Gabrielle Vietor
Date:	4/7/23

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:	617-725-400
Employee who filed the disclosure:	Gabrielle Viator
	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:	Gabe will represent Massachusetts and demonstrate the Administration's commitment to connecting and collaborating with various state leaders on current issues. Gabe will participate in a series of solutions-driven policy conversations with counterparts from other states.
Appointing Authority signature:	M. T. Healey
Date:	4/10/23

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.