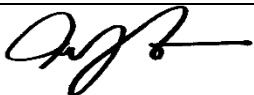


**DISCLOSURE BY ELECTED PUBLIC EMPLOYEE
OF TRAVEL EXPENSES SERVING A LEGITIMATE PUBLIC PURPOSE
AS REQUIRED BY 930 CMR 5.08(2)(d)2.**

	ELECTED PUBLIC EMPLOYEE INFORMATION
Name of elected public employee:	Andrea Campbell
Title/ Position	Attorney General
Agency/ Department	Attorney General's Office (AGO)
Agency address:	One Ashburton Place Boston, MA 02118
Office phone:	617-727-2200
Office e-mail:	Andrea.j.campbell@mass.gov
Write an X to confirm each statement.	I am filing this disclosure because: ☒ 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 ☐ 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.	Attending the Rodel Institute's Seminar "Democracies and Republics" as a Rodel 2025 Fellow.
Describe your participation in the activity.	2025 Rodel Institute Fellow and seminar attendee.
Date, time and location of activity.	August 13 – 16, 2026 Denver, CO
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	The Rodel Institute's Fellowship is a non-partisan program that brings together 24 leaders, evenly divided among the political parties to discuss issues of the day, foster collaboration and strengthen leadership. I will then bring strategies and information back to the Attorney General's Office to support and further develop ongoing AGO work.

	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	Rodel Institute
Address of person or organization.	
Provide information in as much detail as possible:	<i>Itemization and explanation of amounts offered:</i>
Transportation:	<i>Air, train, bus, and taxi fare and rental car hire, etc.</i> \$722.80
Lodging:	<i>Overnight accommodations.</i> \$564/night (2 nights)
Meals:	<i>Breakfast, lunch, dinner, special events.</i> Included with lodging
Admission:	<i>Registration, admission, tickets, etc.</i>
Other (please list):	<i>Refreshment, instruction, materials, entertainment, etc.</i>
Total:	
Write an X beside any relevant statement.	☒ I have attached the relevant itinerary. ☒ I have attached the relevant agenda.
For the exemption to apply, check off <u>both</u> statements.	Having disclosed the facts above, I determine that: ☒ 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 ☒ Such public purpose outweighs any special non-work related benefit to me or to the person providing the reimbursement, waiver or payment.
Employee signature:	
Date:	8/11/26

Attach additional pages if necessary.

Elected state or county employees – file with the State Ethics Commission.

Members of the General Court – file with the House or Senate clerk or the State Ethics Commission.

Elected municipal employee – file with the City Clerk or Town Clerk.

Elected regional school committee member – file with the clerk or secretary of the committee.