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:	Cassandra Roeder
Title/ Position	Deputy Legal Counsel
Agency/ Department	Governor's Office
Agency address:	Massachusetts State House 24 Beacon Street Boston, MA 02133
Office phone:	[redacted]
Office e-mail:	C.Roeder@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 will be attending the Reproductive Freedom Alliance Annual Convening.
Describe your participation in the activity.	I will attend and participate in legal and policy discussions.
Date, time and location of activity.	July 13-15 Catbird Hotel 3770 Walnut Street Denver, CO 80205
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	At the convening, I will connect and facilitate interstate relationships with staffers from Governors' offices across the country, and I will participate in a series of conversations concerning pending litigation, legislative initiatives, and data privacy and AI.

	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	Reproductive Freedom Alliance
Address of person or organization.	2300 N St NW, Suite 501A Washington, DC 20037
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.* Approx. $680
Lodging:	*Overnight accommodations.* Approx. $500
Meals:	*Breakfast, lunch, dinner, special events.*
Admission:	*Registration, admission, tickets, etc.* Approx. $150 ($50/day)
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.*
Total:	$1,330
Write an X beside any statement that applies.	**____ I have attached the relevant itinerary.** **____ I have attached the relevant agenda.**
Employee signature:	/s/ Cassandra B. Roeder
Date:	July 7, 2026

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:	Office of the Governor/Governor
Agency address:	Massachusetts State House 24 Beacon Street Boston, MA 02133
Office phone:	617-725-4005
Employee who filed the disclosure:	Cassandra Roeder
	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:	7/13/26

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.