DISCLOSURE BY NON-ELECTED PUBLIC EMPLOYEE OF TRAVEL EXPENSES SERVING A LEGITIMATE PUBLIC PURPOSE AS REQUIRED BY 930 CMR 5.08(2)(d)1.

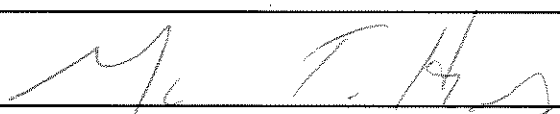
	NON-ELECTED PUBLIC EMPLOYEE INFORMATION
Name of **non-elected** public employee:	Kate Cook
Title/ Position	Chief of Staff
Agency/ Department	Office of the Governor
Agency address:	24 Beacon Street, Boston, MA 02133
Office phone:	(617) 725-4005
Office e-mail:	Kate.r.cook@mass.gov
Write an X to confirm 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 attend the National Governors Association Winter Meeting.
Describe your participation in the activity.	I will attend a series of panel discussions and networking receptions to discuss current policy issues with other Governors and Senior Staff.
Date, time and location of activity.	Thursday, February 19 – Saturday, February 21, 2026 Washington, D.C.
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	I will connect and facilitate interstate relationships with my colleagues from other state governments across the country, and I will participate in a series of solution-driven policy conversations.

	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	National Governors 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.* Est. $478
Meals:	*Breakfast, lunch, dinner, special events.* N/A
Admission:	*Registration, admission, tickets, etc.* No registration fee for Chiefs of Staff.
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.* N/A
Total:	Est. $478
Write an X beside any statement that applies.	**____ I have attached the relevant itinerary.** **____ I have attached the relevant agenda.**
Employee signature:	/s/ Kate Cook
Date:	February 18, 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
Agency and Title/Position:	Governor
Agency address:	Office of the Governor
Office phone:	(617) 724-4000
Employee who filed the disclosure:	Kate Cook
	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:	
Date:	2/18/26

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.