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:	Emma Grady
Title/ Position	Advance Coordinator
Agency/ Department	Office of the Governor
Agency address:	24 Beacon Street, Boston, MA 02133
Office phone:	(617) 725-4005
Office e-mail:	emma.grady@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.	Wednesday, February 18 – 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.* N/A
Meals:	*Breakfast, lunch, dinner, special events.* N/A
Admission:	*Registration, admission, tickets, etc.* $450
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.* N/A
Total:	$450
Write an X beside any statement that applies.	**____ I have attached the relevant itinerary.** **____ I have attached the relevant agenda.**
Employee signature:	/s/ Emma Grady
Date:	February 17, 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
Agency address:	State House, Room 360, Boston, MA
Office phone:	(617) 724-4000
Employee who filed the disclosure:	Emma Grady
	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:	/s/ Kate Cook
Date:	February 18, 2026

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.