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:	Paige Scott Reed
Title/ Position	Chief Legal Counsel
Agency/ Department	Office of the Governor
Agency address:	State House Room 271 Boston, MA 02133
Office phone:	(617) 725-4005
Office e-mail:	pscottreed@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.	WBA Gala Celebration.
Describe your participation in the activity.	I will be attending as a representative of the Governor's Office.
Date, time and location of activity.	Boston Marriott Copley Place 110 Huntington Ave, Boston, MA 02116 October 15, 2024 at 6:00PM
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	I will be attending the Women's Bar Association annual Gala, at which Governor Healey will be speaking. The event gathers attorneys, judges, and prominent business and community leaders to celebrate the accomplishments of women in the legal profession in Massachusetts. My attendance will demonstrate the Office's support for our state's community of women in the law and will provide an important opportunity to connect with and learn from those in attendance.

	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	Women's Bar Association
Address of person or organization.	105 Chauncy Street, 8th Floor, Boston, MA 02111
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.*
Lodging:	*Overnight accommodations.*
Meals:	*Breakfast, lunch, dinner, special events.*
Admission:	*Registration, admission, tickets, etc.* $175.00
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.*
Total:	$175.00
Write an X beside any statement that applies.	**____ I have attached the relevant itinerary.** **____ I have attached the relevant agenda.**
Employee signature:	/s/ Paige Scott Reid
Date:	October 15, 2024

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:	Governor
Agency address:	State House Room 360 Boston, MA 02133
Office phone:	(617) 725-4005
Employee who filed the disclosure:	Paige Scott Reid
	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:	As stated in the disclosure.
Appointing Authority signature:	Kate Cook
Date:	October 15, 2024

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.