**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<br>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:<br><br>__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<br><br>__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. | 2024 NGA Governors' Legal Counsel Convening |
| Describe your participation in the activity. | I will be attending a convening of Governors' Legal Counsel from across the country. |
| Date, time and location of activity. | September 26-27, 2024<br>Hotel Champlain<br>Burlington, Vermont |
| Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality. | Topics will include discussion of First Amendment and ethics and compliance issues. Attending will also allow me to meet, make connections with, and learn from senior-level legal counterparts from across the country. |

| | **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<br>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.* |
| Lodging: | *Overnight accommodations.*<br>$841.38 |
| Meals: | *Breakfast, lunch, dinner, special events.* |
| Admission: | *Registration, admission, tickets, etc.* |
| Other (please list): | *Refreshment, instruction, materials, entertainment, etc.* |
| Total: | $841.38 |
| **Write an X beside any statement that applies.** | **__X__ I have attached the relevant itinerary.**<br>**__X__ I have attached the relevant agenda.** |
| Employee signature: | Paige Scott Reed |
| Date: | 9/23/24 |

**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<br>Boston, MA 02133 |
| Office phone: | (617) 725-4005 |
| Employee who filed the disclosure: | Paige Scott Reed |
| | **DETERMINATION** |
| **To give approval, check <u>both</u> statements.** | Upon consideration of the facts disclosed by the employee above, I find that:<br>_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<br>__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: | 9/23/24 |

**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.**