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:	Karissa Hand
Title/ Position	Press Secretary
Agency/ Department	Governor's Office / Communications Office
Agency address:	24 Beacon St Boston MA 02133
Office phone:	[redacted]
Office e-mail:	Karissa.hand@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.	The National Governor's Association is hosting a convening for Governors' Communications Directors and Press Secretary in Philadelphia, with a day trip to New York City.
Describe your participation in the activity.	I will be meeting other Communications Directors and Press Secretaries, traveling to New York City to meet with reporters, and attending the NGA Policy Summit sessions.
Date, time and location of activity.	Evening of June 5 – afternoon of June 7, 2024 Agenda attached
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	I will be able to learn best practices from colleagues in other states that will improve my ability to do my job. I will also travel to NYC to meet with reporters who can help us inform the public about the work of the administration.

	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	National Governor's Association
Address of person or organization.	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.* $380.84
Lodging:	*Overnight accommodations.* $488.74
Meals:	*Breakfast, lunch, dinner, special events.*
Admission:	*Registration, admission, tickets, etc.*
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.*
Total:	$869.58
Write an X beside any statement that applies.	**____ I have attached the relevant itinerary.** **__X__ I have attached the relevant agenda.**
Employee signature:	Karissa Hand
Date:	05/30/24

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 (signed 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:	**Karissa Hand**
	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:	6/11/24

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.