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	Governor's Office
Agency address:	24 Beacon Street
Office phone:	[redacted]
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 be attending the Democratic Governors Association Chief of Staff Retreat
Describe your participation in the activity.	I will attend networking receptions and panel discussions to discuss current policy issues with other Chiefs of Staff.
Date, time and location of activity.	Wednesday, March 20, 2024 – Friday, March 22, 2022 Park Hyatt Washington DC 1201 24th St NW, Washington, DC 20037
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.	Democratic Governor's Association
Address of person or organization.	Democratic Governors' Association 7920 Sunset Boulevard Los Angels, CA 90046
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.* Air Travel $360.23
Lodging:	*Overnight accommodations.* Lodging for two nights estimated to exceed $1200 in value
Meals:	*Breakfast, lunch, dinner, special events.* Meals estimated to exceed $100
Admission:	*Registration, admission, tickets, etc.* N/A
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.* N/A
Total:	Estimated $1660.23
Write an X beside any statement that applies.	____ ____ ____
Employee signature:	Kate Coon
Date:	3/19/24

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 T. Healey
Agency and Title/Position:	Governor
Agency address:	Office of the Governor State House Room 271 Boston, MA 02133
Office phone:	617-725-4005
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:	Kate will represent Massachusetts to demonstrate the Administration's commitment to connecting and collaborating with other state leaders on current issues. Kate will participate in a series of important policy conversations with counter parts from other states.
Appointing Authority signature:	Maura T. Healey
Date:	3/20/24

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.