**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:<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>_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 Winter Meeting with Governor Healey. |
| Describe your participation in the activity. | I will attend networking receptions and panel discussions to discuss current policy issues with other Governors and Senior Staff. |
| Date, time and location of activity. | Thursday, November 30th – Sunday, December 3rd<br>Arizona Biltmore Hotel 2400 E Missouri Ave, Phoenix, AZ 85016 |
| 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 Governors Association |
| Address of person or organization. | Democratic Governors' Association<br>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.*<br>Air Travel $602.80 |
| Lodging: | *Overnight accommodations.*<br>Lodging for three nights – estimated $1500 |
| Meals: | *Breakfast, lunch, dinner, special events.* |
| Admission: | *Registration, admission, tickets, etc.* |
| Other (please list): | *Refreshment, instruction, materials, entertainment, etc.* |
| Total: | Estimated: $2,102.80 |
| **Write an X beside any statement that applies.** | **____ I have attached the relevant itinerary.**<br>**____ I have attached the relevant agenda.** |
| Employee signature: | Kate Cook |
| Date: | 11/29/23 |

**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 |
| Agency and Title/Position: | Governor |
| Agency address: | Office of the Governor<br>State House Room 271<br>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:<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: | Kate will join me in representing 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: | 10/30/22 |

**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.**