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 Fox
Title/ Position	Executive Director
Agency/ Department	Massachusetts Office of Travel & Tourism
Agency address:	136 Blackstone Street, 5th Floor Boston, MA 02109
Office phone:	[redacted]
Office e-mail:	Kate.fox@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 traveling to Springfield, MA as the keynote speaker for the Greater Springfield Convention and Visitors Bureau annual meeting and will visit several key tourism destinations in Springfield, MA the day prior to the event.
Describe your participation in the activity.	I will be the keynote speaker for the GSCVB annual meeting.
Date, time and location of activity.	October 10-11, 2023 Naismith Basketball Hall of Fame Springfield, MA
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	Business leaders, tourism professionals and other distinguished guests will gather for the Greater Springfield Convention and Visitors Bureau annual meeting at the Naismith Basketball Hall of Fame where I will be the keynote speaker. My attendance will promote the administration's travel and tourism goals to business leaders and industry professionals of Western, MA.

	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	Greater Springfield Convention and Visitors Bureau
Address of person or organization.	1441 Main St. Springfield, MA 01103
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.* Approximately $150
Meals:	*Breakfast, lunch, dinner, special events.*
Admission:	*Registration, admission, tickets, etc.* Springfield Museums estimated value $25.
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.*
Total:	$175.00
Write an X beside any statement that applies.	**__X__ I have attached the relevant itinerary.** **____ I have attached the relevant agenda.**
Employee signature:	
Date:	9/13/2023

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:	Office of the Governor/Governor
Agency address:	State House, Room 360, Boston, MA
Office phone:	(617) 724-4000
Employee who filed the disclosure:	Kate Fox
	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:	
Date:	9/20/23

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.