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:	Katharine Thibodeau
Title/ Position	Director of Scheduling and Senior Executive Assistant to Governor Healey
Agency/ Department	Office of the Governor
Agency address:	24 Beacon Street Boston, MA 02133
Office phone:	[redacted]
Office e-mail:	Katharine.thibodeau@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 NGA convening for Governors' Schedulers, Executive Assistants, Spouses' Staff, and Residence Managers is an opportunity for professionals in these roles to come together, share best practices, and learn from one another. This event is designed to provide a forum for attendees to network with their peers, exchange ideas and strategies, and discuss the unique challenges and opportunities that come with working in the governor's office or residence.
Describe your participation in the activity.	I will attend a series of panel discussions on topics such as Mastering the schedule and Working Together as a Team, Strategic Approaches to Scheduling and Executive Support, Staffing and Advance Best Practices, Protocol and Special Events, and Maintaining a Work/Life Balance in a 24/7 Role
Date, time and location of activity.	March 22-23, 2023
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	By participating in the conference programming, I will be able to enhance best practices for formulating the schedule and best support the Governor.

	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.	National Governors Association 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.* $337.10
Lodging:	*Overnight accommodations.* $376.79
Meals:	*Breakfast, lunch, dinner, special events.* $110.00
Admission:	*Registration, admission, tickets, etc.* N/A
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.*
Total:	$828.89
Write an X beside any statement that applies.	**_X_ I have attached the relevant itinerary.** **_X__ I have attached the relevant agenda.**
Employee signature:	Katherine Thibadeau
Date:	March 20, 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 T. Healey
Agency and Title/Position:	Office of the Governor / Governor
Agency address:	24 Beacon Street Boston, MA 02133
Office phone:	617-725-4000
Employee who filed the disclosure:	Katharine.thibodeau@mass.gov
	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:	By attending the conference, Katharine can build upon skills and strategies needed to maintain an effective schedule and best support day to day operational needs.
Appointing Authority signature:	M T. H
Date:	3/20/23

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.