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:	Rubby Wuabu
Title/ Position	Policy and Cabinet Affairs Liaison
Agency/ Department	Governor's Office
Agency address:	Massachusetts State House, 24 Beacon St., Boston, MA 02133
Office phone:	(617) 725-4005
Office e-mail:	rubby.a.wuabu@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 attend the National Governors Association's Summer 2026 Workforce Development Policy Institute.
Describe your participation in the activity.	I will attend and participate in discussions.
Date, time and location of activity.	August 17 – 20, 2026 Sheraton Grand Nashville Downtown 623 Union Street Nashville, Tennessee 37219
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	At the conference, I will connect and facilitate interstate relationships with staffers from other state governments across the country, and I will participate in a series of conversations in the policy area of workforce development.

	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	National Governors 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.* $626.80 airfare
Lodging:	*Overnight accommodations.* Approx. $1,101 (3 nights)
Meals:	*Breakfast, lunch, dinner, special events.*
Admission:	*Registration, admission, tickets, etc.*
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.*
Total:	Approx. $1,727.80
Write an X beside any statement that applies.	**____ I have attached the relevant itinerary.** **____ I have attached the relevant agenda.**
Employee signature:	/s/ Rubby Wuabu
Date:	August 17, 2026

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 (by Chief of Staff Kate Cook)
Agency and Title/Position:	Office of the Governor / Governor
Agency address:	24 Beacon Street Boston, MA 02133
Office phone:	617-725-4005
Employee who filed the disclosure:	Rubby Wuabu
	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:	8/19/24

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.