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:	Sarah Sabshon
Title/ Position	Associate Chief of Staff for Policy & Cabinet Affairs
Agency/ Department	Office of the Governor
Agency address:	24 Beacon Street, Boston, MA 02133
Office phone:	[redacted]
Office e-mail:	Sarah.sabshon@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 am traveling to the National Governors Association's Vaccine and Infectious Disease Summit.
Describe your participation in the activity.	I will attend panel discussions and meetings providing an opportunity for Governors' health policy advisors to connect with each other as well as national and state experts in the vaccine, HIV, viral hepatis, and STI fields.
Date, time and location of activity.	June 14-16, 2023. Mayflower Hotel, 1127 Connecticut Ave NW, Washington, DC 20036
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	While at the summit, I will connect and facilitate interstate relationships with senior health policy advisors from other state governments from across the country, and I will participate in a series of solutions-driven conversations around vaccines and infectious diseases.

	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.	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.* $423.72
Lodging:	*Overnight accommodations.* Lodging for three nights presumed to exceed $900
Meals:	*Breakfast, lunch, dinner, special events.* Meals presumed to exceed $200 in value.
Admission:	*Registration, admission, tickets, etc.* n/a
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.* n/a
Total:	$1,523.72
Write an X beside any statement that applies.	**__ I have attached the relevant itinerary.** **___ I have attached the relevant agenda.**
Employee signature:	/s/ Sarah Sabshon
Date:	June 14, 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:	Sarah Sabshon
	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:	Sarah will represent Massachusetts and demonstrate the Administration's commitment to connecting and collaborating with various state health policy leaders on issues related to vaccines and infectious diseases.
Appointing Authority signature:	Maura T. Healey
Date:	6/15/23

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.