



**DISCLOSURE BY NON-ELECTED PUBLIC EMPLOYEE
OF INCIDENTAL HOSPITALITY AT AN EVENT
SERVING A LEGITIMATE PUBLIC PURPOSE
AS REQUIRED BY 930 CMR 5.08(3)(b).**

	PUBLIC EMPLOYEE INFORMATION
Name of non-elected public employee:	Eliza Lake
Title/ Position	Director of Health Policy and Strategic Initiatives
Agency/ Department	Executive Office of Health & Human Services
Agency address:	One Ashburton Place, Boston, MA 02108
Office phone:	617-256-8673
Office e-mail:	Eliza.Lake@Mass.gov
Write an X to confirm each statement.	<p>I am filing this disclosure because:</p> <p><input type="checkbox"/> <u>X</u> My attendance at an event will serve a legitimate public purpose, i.e., it will promote the interests of the Commonwealth, a county or a municipality; and</p> <p><input type="checkbox"/> <u>X</u> A non-public entity (but not a lobbyist) has offered to pay or waive expenses worth \$50 or more related to the event.</p>
	EVENT ATTENDED
Describe the event that you will attend.	2025 Equity in the 413: Western Massachusetts Racial Equity Summit.
Describe your participation in the event.	Representing the Advancing Health Equity in Massachusetts (AHEM) initiative in a day-long discussion of health equity and health outcomes in Western Massachusetts.
Date, time and location of event.	June 12, 2025; Westfield State University, Westfield, MA
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	Administration engagement with health care and health equity stakeholders on shared priorities of access and equity
	EXPENSES RELATED TO INCIDENTAL HOSPITALITY
Identify the person or organization that offered to reimburse, pay or waive expenses.	Hilltown Community Health Center, Inc.

Address of person or organization.	58 Old North Road Worthington, MA 01098
Provide information in as much detail as possible:	<i>Itemization and explanation of amounts offered:</i>
Transportation within the Commonwealth:	N/A
Meals:	N/A
Admission:	Admission - \$250
Other (please list):	N/A
Total:	\$250
Employee signature:	
Date:	5/20/2025

SEE NEXT PAGE FOR DETERMINATION BY APPOINTING AUTHORITY

DETERMINATION BY APPOINTING AUTHORITY

	APPOINTING AUTHORITY INFORMATION
Name of Appointing Authority:	Kiame Mahaniah
Title/ Position:	Undersecretary for Health
Agency/ Department	Executive Office of Health & Human Services
Agency Address:	One Ashburton Place, Boston, MA 02108
Office Phone:	(857) 303-2368
Office E-mail:	Kiame.J.Mahaniah@mass.gov
Employee who filed the disclosure:	Eliza Lake
	DETERMINATION
To give approval, check off <u>both</u> statements.	<p>Upon consideration of the facts disclosed by the employee above, I find that:</p> <p><input checked="" type="checkbox"/> The employee's attendance at the event will serve a legitimate public purpose i.e., it will promote the interests of the Commonwealth, a county or a municipality; AND</p> <p><input checked="" type="checkbox"/> Such public purpose outweighs any special non-work related benefit to the employee or the person paying or waiving expenses related to the event.</p>
Reason that the employee's travel or attendance will serve a legitimate public purpose:	
Appointing Authority signature:	
Date:	05/23/2025

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.