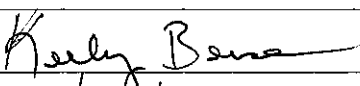
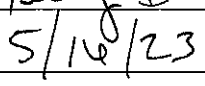


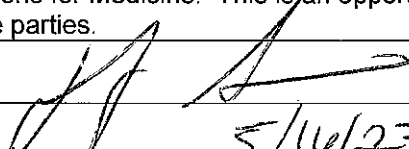
**DISCLOSURE BY NON-ELECTED PUBLIC EMPLOYEE
OF INCIDENTAL HOSPITALITY AT AN EVENT
SERVING A LEGITIMATE PUBLIC PURPOSE
AS REQUIRED BY 930 CMR 5.08(3)(b).**

	PUBLIC EMPLOYEE INFORMATION
Name of non-elected public employee:	Keely Benson
Title/ Position	Direct, MeHI
Agency/ Department	Massachusetts eHealth Institute (MeHI)/ Massachusetts Technology Collaborative
Agency address:	2 Center Plaza, Suite 200 Boston, MA 02108
Office phone:	617-371-3999
Office e-mail:	benson@masstech.org
Write an X to confirm each statement.	I am filing this disclosure because: ☒ 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 ☒ A non-public entity (but not a lobbyist) has offered to pay or waive expenses worth \$50 or more related to the event.
	EVENT ATTENDED
Describe the event that you will attend.	As part of the Digital Health Sandbox Program, MeHI is working with Sandbox Network partners to co-host a series of digital health-related networking events. On May 17th, MeHI and the Mass General Brigham will host a networking event focused on virtual reality and related technologies, including a panel discussion. Our co-hosts at Mass General Brigham have invited us to attend a dinner after the event, providing an opportunity to meet with panelists.
Describe your participation in the event.	I will attend the Networking event and dinner and participate in conversations with the event panelists and co-hosts.
Date, time and location of event.	May 17th, 2023; 8:30PM Pescador 498 Commonwealth Ave. Boston, MA 02215
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	The Sandbox Networking Series creates an environment for relevant stakeholders from across the Massachusetts digital health ecosystem to network and collaborate, supporting the development of the digital health industry throughout the state. Attending this dinner after the event with the panelists from MassGeneral Brigham, HTC, Virti, 3D Organon, and Boston Children's will provide me an opportunity to continue conversations with key stakeholders about ways to collaborate to support and grow the Massachusetts digital health ecosystem.
	EXPENSES RELATED TO INCIDENTAL HOSPITALITY
Identify the person or organization that offered to reimburse, pay or waive expenses.	Brigham Digital Innovation Hub at Brigham and Women's Hospital

Address of person or organization.	Hale Building for Transformative Medicine (BTM), 60 Fenwood Rd, 3rd Floor, Boston, MA 02115; CCAO@BWH.HARVARD.EDU .
Provide information in as much detail as possible:	<i>Itemization and explanation of amounts offered:</i>
Transportation within the Commonwealth:	N/A
Meals:	Average costs for dinner at the Pescador: • Appetizer, \$15 • Entrée, \$30 • Beverage, \$15 • Total, \$60
Admission:	N/A
Other (please list):	N/A
Total:	\$60
Employee signature:	Keely Benson 
Date:	5/16/2023 

SEE NEXT PAGE FOR DETERMINATION BY APPOINTING AUTHORITY

DETERMINATION BY APPOINTING AUTHORITY

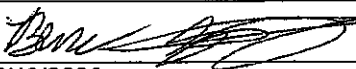
	APPOINTING AUTHORITY INFORMATION
Name of Appointing Authority:	Jennifer Saubermann
Title/ Position:	General Counsel and Director of Government Affairs
Agency/ Department	Massachusetts Technology Collaborative
Agency Address:	75 North Drive Westborough, MA 01581-3335
Office Phone:	617-371-3999
Office E-mail:	saubermann@masstech.org
Employee who filed the disclosure:	
	DETERMINATION
To give approval, check off <u>both</u> statements.	Upon consideration of the facts disclosed by the employee above, I find that: ☒ 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 ☒ Such public purpose outweighs any special non-work related benefit to the employee or the person paying or waiving expenses related to the event.
Reason that the employee's travel or attendance will serve a legitimate public purpose:	This dinner will follow MeHI's first co-sponsored Sandbox Networking Event (the first in a series) that is intended to create a collaborative environment for relevant stakeholders from across the Massachusetts digital health ecosystem, supporting the development of the digital health industry throughout the state. This invitation was extended by our partners at the Brigham and Women's iHub and will include health innovations experts within the iHub as well as experts in the field of extended reality solutions for Medicine. This is an opportunity to build upon existing partnerships with these parties.
Appointing Authority signature:	
Date:	5/16/23

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.

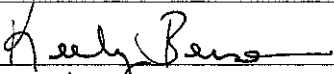
**DISCLOSURE BY NON-ELECTED PUBLIC EMPLOYEE
OF INCIDENTAL HOSPITALITY AT AN EVENT
SERVING A LEGITIMATE PUBLIC PURPOSE
AS REQUIRED BY 930 CMR 5.08(3)(b).**

	PUBLIC EMPLOYEE INFORMATION
Name of non-elected public employee:	Benjamin Stevens
Title/ Position	Program Associate
Agency/ Department	Massachusetts eHealth Institute (MeHI) within Massachusetts Technology Collaborative
Agency address:	2 Center Plaza, Suite 200 Boston, MA 02108
Office phone:	617-371-3999 x212
Office e-mail:	Stevens@masstech.org
Write an X to confirm each statement.	I am filing this disclosure because: ☒ 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 ☒ A non-public entity (but not a lobbyist) has offered to pay or waive expenses worth \$50 or more related to the event.
	EVENT ATTENDED
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Describe your participation in the event.	I will attend the Networking event and dinner and participate in conversations with the event panelists and co-hosts.
Date, time and location of event.	May 17th, 2023; 8:30PM Pescador 498 Commonwealth Ave. Boston, MA 02215
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	The Sandbox Networking Series creates an environment for relevant stakeholders from across the Massachusetts digital health ecosystem to network and collaborate, supporting the development of the digital health industry throughout the state. Attending this dinner after the event with the panelists from MassGeneral Brigham, HTC, Virti, 3D Organon, and Boston Children's will provide me an opportunity to continue conversations with key stakeholders about ways to collaborate to support and grow the Massachusetts digital health ecosystem.
	EXPENSES RELATED TO INCIDENTAL HOSPITALITY
Identify the person or organization that offered to reimburse, pay or waive expenses.	Brigham Digital Innovation Hub

Address of person or organization.	Hale Building for Transformative Medicine (BTM), 60 Fenwood Rd, 3rd Floor, Boston, MA 02115; CCAO@BWH.HARVARD.EDU .
Provide information in as much detail as possible:	Itemization and explanation of amounts offered:
Transportation within the Commonwealth:	N/A
Meals:	Average costs for dinner at the Pescador: • Appetizer, \$15 • Entrée, \$30 • Beverage, \$15 • Total, \$60
Admission:	N/A
Other (please list):	N/A
Total:	\$60
Employee signature:	
Date:	5/12/2023

SEE NEXT PAGE FOR DETERMINATION BY APPOINTING AUTHORITY

DETERMINATION BY APPOINTING AUTHORITY

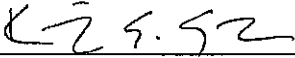
	APPOINTING AUTHORITY INFORMATION
Name of Appointing Authority:	Keely Benson
Title/ Position:	Director, Mass eHealth Institute (MeHI)
Agency/ Department	Mass eHealth Institute/Massachusetts Technology Collaborative
Agency Address:	75 North Drive Westborough, MA 01581-3335
Office Phone:	617-371-3999
Office E-mail:	benson@masstech.org
Employee who filed the disclosure:	
	DETERMINATION
To give approval, check off both statements.	Upon consideration of the facts disclosed by the employee above, I find that: ☒ 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 ☒ Such public purpose outweighs any special non-work related benefit to the employee or the person paying or waiving expenses related to the event.
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Appointing Authority signature:	
Date:	5/16/23

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.

**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:	Katherine Green
Title/ Position	Sr. Program Manager, Innovation
Agency/ Department	Massachusetts eHealth Institute (MeHI) within Massachusetts Technology Collaborative
Agency address:	2 Center Plaza, Suite 200 Boston, MA 02108
Office phone:	617-371-3999 x208
Office e-mail:	green@masstech.org
Write an X to confirm each statement.	I am filing this disclosure because: ☒ 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 ☒ A non-public entity (but not a lobbyist) has offered to pay or waive expenses worth \$50 or more related to the event.
EVENT ATTENDED	
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Identify the person or organization that offered to reimburse, pay or waive expenses.	Brigham Digital Innovation Hub

Address of person or organization.	Hale Building for Transformative Medicine (BTM), 60 Fenwood Rd, 3rd Floor, Boston, MA 02115; CCAO@BWH.HARVARD.EDU .
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Transportation within the Commonwealth:	N/A
Meals:	Average costs for dinner at the Pescador: • Appetizer, \$15 • Entrée, \$30 • Beverage, \$15 • Total, \$60
Admission:	N/A
Other (please list):	N/A
Total:	\$60
Employee signature:	
Date:	5/16/2023

SEE NEXT PAGE FOR DETERMINATION BY APPOINTING AUTHORITY

DETERMINATION BY APPOINTING AUTHORITY

	APPOINTING AUTHORITY INFORMATION
Name of Appointing Authority:	Keely Benson
Title/ Position:	Director, Mass eHealth Institute (MeHI)
Agency/ Department	Mass eHealth Institute/Massachusetts Technology Collaborative
Agency Address:	75 North Drive Westborough, MA 01581-3335
Office Phone:	617-371-3999
Office E-mail:	benson@masstech.org
Employee who filed the disclosure:	
	DETERMINATION
To give approval, check off both statements.	Upon consideration of the facts disclosed by the employee above, I find that: ☒ 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 ☒ Such public purpose outweighs any special non-work related benefit to the employee or the person paying or waiving expenses related to the event.
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Appointing Authority signature:	
Date:	5/16/23

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