

**DISCLOSURE BY SPECIAL STATE EMPLOYEE
OF FINANCIAL INTEREST IN A STATE CONTRACT
AS REQUIRED BY G. L. c. 268A, § 7(d)**

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| SPECIAL STATE EMPLOYEE INFORMATION | |
| Name of special state employee: | Ferdinand Alvaro |
| Put an X beside one statement. | <p>I am a special state employee because:</p> <p><input checked="" type="checkbox"/> I serve in a state position for which no compensation is provided.</p> <p><input type="checkbox"/> I am not an elected official, and I earned compensation for fewer than 800 hours in the preceding 365-day period.</p> <p><input type="checkbox"/> By the classification of my position by my state agency or by the terms of a contract or my conditions of employment, I am permitted to have personal or private employment during normal business hours.</p> <p><input type="checkbox"/> I work for a company or organization which has a contract with a state agency, and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the state is contracting for my services in particular, and the contract states that I am a special state employee or indicates that I meet one of the three requirements listed above.</p> |
| Title/ Position | Director |
| Fill in this box if it applies to you. | If you are a special state employee because a state agency has contracted with your company or organization, please provide the name and address of the company or organization. |
| State Agency/ Department: | This is "my State Agency." MassDot |
| Agency Address: | 10 Park Plaza, Boston, MA 02116 |
| Office phone: | 617-449-6030 |
| Office e-mail: | Ferdinand_Alvaro@gshllp.com |
| | Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected |
| Starting date as a special state employee. | 9/11/2012 |
| BOX # 1 | ELECTED SPECIAL STATE EMPLOYEE |
| Select either STATEMENT #1 or STATEMENT #2 . | <p>I am an elected special state employee.</p> <p><input type="checkbox"/> STATEMENT #1: I had a financial interest in a contract made by a state agency before I was elected to a compensated special state employee position. I will continue to have this financial interest in a state contract.</p> <p><input type="checkbox"/> STATEMENT #2: I will have a new financial interest in a contract made by a state agency.</p> <p>My financial interest in a contract made by a state agency is:</p> |

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| <p>Write an X by your financial interest.</p> | <p>___ A compensated, non-elected position with a state agency.</p> <p>___ A contract between a state agency and myself.</p> <p>___ A financial benefit or obligation because of a contract that a state agency has with another person or with a company or organization.</p> <p>___ Other work because a state agency has a contract with my company or organization and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the state is contracting for my services in particular.</p> |
| <p>BOX #2</p> <p>Select either STATEMENT #1 or STATEMENT #2.</p> <p>Write an X by your financial interest.</p> | <p>NON-ELECTED SPECIAL STATE EMPLOYEE</p> <p>I am a non-elected special state employee (compensated or uncompensated).</p> <p>___ STATEMENT #1: I had a financial interest in a contract made by a state agency, other than an employment contract, before I took a non-elected, compensated special state employee position. I will continue to have this financial interest in a state contract.</p> <p>My financial interest in a contract made by a state agency is:</p> <p>___ A contract between a state agency and myself, but not an employment contract.</p> <p><input checked="" type="checkbox"/> A financial benefit or obligation because of a contract that a state agency has with another person or with a company or organization.</p> <p>OR</p> <p>___ STATEMENT #2: I will have a new financial interest in a contract made by a state agency.</p> <p>My financial interest in a contract made by a state agency is:</p> <p>___ A compensated, non-elected position with a state agency.</p> <p>___ A contract between a state agency and myself.</p> <p>___ A financial benefit or obligation because of a contract that a state agency has with another person or with a company or organization.</p> <p>___ Other work because a state agency has a contract with my company or organization and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the state is contracting for my services in particular.</p> |
| | <p>FINANCIAL INTEREST IN A STATE CONTRACT</p> |
| <p>Name and address of state agency that made the contract</p> | <p>This is the "contracting agency."</p> <p>MassHousing, One Beacon Street, Boston, MA 02108</p> |
| <p>Write an X to confirm this statement.</p> | <p><input checked="" type="checkbox"/> In my work as a special state employee for my State Agency, I do not participate in or have official responsibility for any of the activities of the contracting agency.</p> |
| <p>FILL IN THIS BOX OR THE NEXT BOX</p> | <p>ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AGENCY AND YOU.</p> <p>- Please explain what the contract is for.</p> |

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| | <p>ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AGENCY AND ANOTHER PERSON OR ENTITY</p> <ul style="list-style-type: none"> - Please identify the person or entity that has the contract with the state agency. - What is your relationship to the person or entity? - What is the contract for? <p>Gonzalez Saggio & Harlan, LLP</p> |
| | <p>Partner</p> <p>Legal Services</p> |
| What is your financial interest in the state contract? | <ul style="list-style-type: none"> - Please explain the financial interest and include the dollar amount if you know it. <p>Payment For Legal Services will affect my compensation. Dollar amount unknown</p> |
| Date when you acquired the financial interest | 9/7/2012 |
| What is the financial interest of your immediate family? | <ul style="list-style-type: none"> - Please explain the financial interest and include the dollar amount if you know it. <p>N/A</p> |
| Date when your immediate family acquired the financial interest | N/A |
| Employee signature: |  |
| Date: | 7/9/13 |

Attach additional pages if necessary.

File your completed, signed Disclosure with:
State Ethics Commission, One Ashburton Place, Room 619, Boston, MA 02108