DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST IN A CONTRACT TO PROVIDE SOCIAL SERVICES PURSUANT TEO 930 CMR 6.07510

RECEIVED STATE EMPLOYEE INFORMATION -Name of state Marie White employee: 2013 SEP 18 AM 9: 47 Title/ Position: DSW₁ Agency/Department: Agency Address: Springhield, M Office phone: Office e-mail I am a state employee, and I seek to have a financial interest in a contract or agreement made by a state agency listed below, or by a provider or organization funded by a state agency listed below: A state agency within the following Executive Offices: Executive Office of Health and Human Services, including the Human Service Transportation Office; Executive Office of Public Safety and Security, Executive Office of Elder Affairs, Executive Office of Veteran's Services, or A sheriff's office. The purpose of the contract is: - To provide personal services to a person or persons who receive services from, or have services paid for by, these state agencies; or - To provide educational services to people who work for these state agencies or for providers or organizations funded by these state agencies. I seek approval of the arrangement from the agency for which I serve as a state employee and from the state agency above that made the contract. FINANCIAL INTEREST IN A CONTRACT WITH A STATE AGENCY PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW AND PROVIDE THE REQUESTED INFORMATION. 1) Service to a state I will provide personal or educational services to a state agency listed above. agency Please identify the state agency and also the Executive Office it is in, if applicable.

2) Service to a	
provider or	
	I will provide personal or educational services to a service
organization	agency listed above.
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	Please identify the state agency that funds the provider or organization, and also the Executiv Office it is in, if applicable.
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3) Service to a	
person or persons	Will provide possess
1	Please identify the state agency that provides services to, or pays for services for, the person or persons, and also the Executive Office it is in, if applicable
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Name and title of person giving approval at the state agency that made the contract	RECEIVED STATE ETHICS COMMISSION
Office phone	2013 SEP 18 AM 9: 48
Office e-mail	
Signature by person giving approval	By signing here, I indicate that I have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee.
Date:	

Attach additional pages if necessary.

File with:

State Ethics Commission One Ashburton Place, Room 619 Boston, MA 02108

Form revised February, 2012