

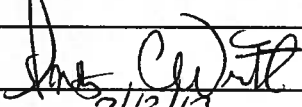
**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST IN A STATE CONTRACT  
AND CERTIFICATION BY HEAD OF CONTRACTING AGENCY  
AS REQUIRED BY G. L. c. 268A, § 7(b)**

RECEIVED  
STATE ETHICS COMMISSION

2013 MAR 25 AM 9:55

Name of state employee:	<b>STATE EMPLOYEE INFORMATION</b> <b>ANTHONY C. WRIGHT</b>
Title/ Position	<b>PROBATION OFFICER, II</b>
Fill in this box if it applies to you.	If you are a state employee because a state agency has contracted with your company or organization, please provide the name and address of the company or organization.
Agency/ Department	<b>COMMONWEALTH OF MASSACHUSETTS-TRIAL COURT PROBATION DEPARTMENT</b>
Agency Address	<b>510 WASHINGTON STREET DORCHESTER, MA 02124</b>
Office phone:	<b>617-288-9500</b>
Office e-mail:	<b>Anthony.wright@jud.state.ma.us</b>
	Check one: <input type="checkbox"/> Elected     or <input checked="" type="checkbox"/> Non-elected
Starting date as a state employee.	06/23/93
<b>BOX # 1</b>  Select either <b>STATEMENT #1 or</b> <b>STATEMENT #2.</b>  Write an X beside your financial interest.	<b>ELECTED, COMPENSATED STATE EMPLOYEE</b>  I am an <b>elected, compensated state employee</b> , other than a state Senator or a state Representative.  <input type="checkbox"/> <b>STATEMENT #1:</b> I had one of the following financial interests in a contract made by a state agency before I was elected to my compensated state employee position. I will continue to have this financial interest in a state contract. <b>OR</b> <input type="checkbox"/> <b>STATEMENT #2:</b> I will have a new financial interest in a contract made by a state agency.  <b>My financial interest in a state contract is:</b>  <input type="checkbox"/> I have a non-elected, compensated state employee position. <input type="checkbox"/> A state agency has a contract with me. <input type="checkbox"/> I have a financial benefit or obligation because of a contract that a state agency has with another person or an entity, such as a company or organization. <input type="checkbox"/> I work for a company or organization that 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 has contracted for my services in particular.
<b>BOX # 2</b>  Select either <b>STATEMENT #1 or</b> <b>STATEMENT #2.</b>	<b>NON-ELECTED, COMPENSATED STATE EMPLOYEE</b>  I am a <b>non-elected, compensated state employee</b> .  <input type="checkbox"/> <b>STATEMENT # 1:</b> I had one of the following financial interests in a contract made by a state agency <b>before</b> I took a position as a non-elected state employee. I will continue to have this financial interest in a state contract.

<p><b>Write an X beside your financial interest.</b></p>	<p><b>My financial interest in a state contract is:</b></p> <p><input type="checkbox"/> A state agency has a contract with me, but not an employment contract.</p> <p><input type="checkbox"/> I have a financial benefit or obligation because of a contract that a state agency has with another person or an entity, such as a company or organization.</p> <p>-- OR --</p> <p><b>X STATEMENT # 2:</b> I will have a <b>new</b> financial interest in a contract made by a state agency.</p> <p><b>My financial interest in a state contract is:</b></p> <p><input type="checkbox"/> I have a non-elected, compensated state employee position.</p> <p><input type="checkbox"/> A state agency has a contract with me.</p> <p><input checked="" type="checkbox"/> I have a financial benefit or obligation because of a contract that a state agency has with another person or an entity, such as a company or organization.</p> <p><input type="checkbox"/> I work for a company or organization that 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 has contracted for my services in particular.</p>
<p>Name and address of state agency that made the contract</p>	<p><b>FINANCIAL INTEREST IN A STATE CONTRACT</b></p> <p>MASS HEALTH</p>
<p><b>Please put in an X to confirm these facts.</b></p>	<p><b>"My State Agency"</b> is the state agency that I serve as a <b>state employee</b>.</p> <p>The <b>"contracting agency"</b> is the <b>state agency that made the contract</b>.</p> <p><input checked="" type="checkbox"/> My State Agency is not the contracting agency.</p> <p><input checked="" type="checkbox"/> My State Agency does not regulate the activities of the contracting agency.</p> <p><input checked="" type="checkbox"/> In my work for my State Agency, I do not participate in or have official responsibility for any of the activities of the contracting agency.</p> <p><input checked="" type="checkbox"/> The contract was made after public notice or through competitive bidding.</p>
<p><b>FILL IN THIS BOX OR THE BOX BELOW</b></p>	<p><b>ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND YOU.</b></p> <p>- Please explain what the contract is for.</p>
<p><b>FILL IN THIS BOX OR THE BOX ABOVE</b></p>	<p><b>ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND ANOTHER PERSON OR ENTITY.</b></p> <p>- Please identify the person or entity that has the contract with the state agency.</p> <p>- What is your relationship to the person or entity?</p> <p>- What is the contract for?</p> <p>Mass Health and Pyramid Builders, Inc</p> <p>I work for Pyramid Builders and provide mentor services to children and some of the children are insured by Mass Health who pays Pyramid Builders for services rendered.</p>
<p>What is your financial interest</p>	<p>- Please explain the financial interest and include the dollar amount if you know it.</p>

In the state contract?	I receive payment from Pyramid Builders of which comes from Mass Health. I make approximately \$2,000 a month from Pyramid Builders.
Date when you acquired a financial interest	October 1, 2006
What is the financial interest of your immediate family?	- Please explain the financial interest and include the dollar amount if you know it.  <b>NONE</b>
Date when your immediate family acquired a financial interest	N/A
Write an X to confirm each statement.	<b>FOR A CONTRACT FOR PERSONAL SERVICES --</b>  <b>Answer the questions in this box ONLY if you will have a contract for personal services with a state agency (i.e., you will do work directly for the contracting agency).</b>  I will have a contract with a state agency to provide personal services. ___ The services will be provided outside my normal working hours as a state employee. ___ The services are not required as part of my regular duties as a state employee. ___ For these services, I will be compensated for not more than 500 hours during a calendar year.
Employee signature:	
Date:	3/13/13

Attach additional pages if necessary.

NOT A PERSONAL SERVICES CONTRACT -- File disclosure with:

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

SEE CERTIFICATION REQUIRED FOR PERSONAL SERVICES POSITIONS, BELOW.