

**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:	Melissa L. Anderson, PhD
Put an X beside one statement.	<p>I am a special state employee because:</p> <p><input 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 checked="" 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	Assistant Professor, Dept of Psychiatry
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." umass medical School
Agency Address:	55 Lake ave North, worcester MA
Office phone:	(508) 856-5820
Office e-mail:	melissa.anderson@umassmed.edu
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected
Starting date as a special state employee.	3/1/2014
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>Write an X by your financial interest.</p>	<p>My financial interest in a contract made by a state agency is:</p> <p><input type="checkbox"/> A compensated, non-elected position with a state agency.</p> <p><input type="checkbox"/> A contract between a state agency and myself.</p> <p><input 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><input type="checkbox"/> 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><input type="checkbox"/> 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><input type="checkbox"/> A contract between a state agency and myself, but not an employment contract.</p> <p><input 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><input checked="" 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> <p><input type="checkbox"/> A compensated, non-elected position with a state agency.</p> <p><input checked="" type="checkbox"/> A contract between a state agency and myself.</p> <p><input 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><input type="checkbox"/> 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>Massachusetts Rehab Commission 600 Washington St, Boston MA 02111</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> <p>To provide a half-day training about trauma/PTSD.</p>

	<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 style="text-align: center;">N/A</p>
What is your financial interest in the state contract?	<p>- Please explain the financial interest and include the dollar amount if you know it.</p> <p>I will be receiving \$600 for the half-day training.</p>
Date when you acquired the financial interest	I was approached by MRC on 11/12/2014
What is the financial interest of your immediate family?	<p>- Please explain the financial interest and include the dollar amount if you know it.</p> <p>none</p>
Date when your immediate family acquired the financial interest	N/A
Employee signature:	M. J. Anderson PhD
Date:	12/11/2014

Attach additional pages if necessary.

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