

**DISCLOSURE OF ELECTION OR APPOINTMENT
TO AN UNCOMPENSATED POSITION
AS REQUIRED BY 930 CMR 6.02(3)**

RECEIVED
STATE ETHICS COMMISSION

2014 NOV 18 AM 9:59

IDENTIFYING INFORMATION	
Name:	Irene R. Sedlacko
Your phone:	781-258-0790
Your e-mail:	isedlacko@doe.mass.edu
Write an X beside one statement.	<p><input checked="" type="checkbox"/> STATE: I already have a job with a state agency or another direct or indirect financial interest in a contract made by a state agency, and I will begin serving in an uncompensated position with the same state agency or another state agency.</p> <p><input type="checkbox"/> COUNTY: I already have a job with a county agency or another direct or indirect financial interest in a contract made by a county agency, and I will begin serving in an uncompensated position with the same county agency or another agency of the same county.</p> <p><input type="checkbox"/> MUNICIPAL: I already have a job with a municipal agency or another direct or indirect financial interest in a contract made by a municipal agency, and I will begin serving in an uncompensated position with the same municipal agency or another agency of the same city or town.</p>
Check one.	<p>The uncompensated position will be:</p> <p><input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected</p>
FINANCIAL INTEREST I ALREADY HAVE IN A PUBLIC AGENCY CONTRACT	
Do you already have the contract with a public agency, or does another person or entity have the contract?	<p>I HAVE THE CONTRACT.</p> <p><input type="checkbox"/> I work for a public agency for compensation.</p> <p><input type="checkbox"/> A contract that I have with a state public agency (e.g., a grant) funds my work.</p> <p><input type="checkbox"/> I have a contract for goods, supplies or equipment, etc., with a public agency.</p> <p><input type="checkbox"/> I have another type of contract with a public agency.</p> <p>OR</p> <p>ANOTHER PERSON OR ENTITY HAS THE CONTRACT.</p> <p><input type="checkbox"/> I work for a person or entity (e.g., a business, non-profit or organization), and my work is funded by a contract between the person or entity and a public agency.</p> <p><input type="checkbox"/> I have an ownership interest in a private entity (e.g., a business or non-profit), and the entity receives funds because of a contract with a public agency.</p> <p><input type="checkbox"/> I have an ownership interest in a private entity (e.g., a business or non-profit), and the entity has a contract for goods, supplies or equipment, etc. with a public agency.</p> <p><input type="checkbox"/> A public agency has a contract or transaction with a private person or entity, and I have a financial stake in the contract or transaction.</p>

CONTRACT BETWEEN A PUBLIC AGENCY AND YOU Fill out this part of the form if the public contract is with you.	
Name and address of the state, county or municipal agency that made the contract.	
What is the contract for?	E.g., Is it a contract for your services or for goods, supplies or equipment or something else?
What is your financial interest in the public agency contract? Please include both financial advantages and obligations.	Please include a dollar amount, if possible.
CONTRACT BETWEEN A PUBLIC AGENCY AND ANOTHER PERSON OR ENTITY Fill out this part of the form if the contract is with another person or an entity.	
Name and address of the state, county or municipal agency that made the contract.	
Please provide the name and address of the person or entity that has the contract.	
What relationship do you have with the person or entity that has the public contract?	E.g., are you an owner, partner or employee of a company that signed the contract? Or of a subcontractor to such a company?
What is the contract for?	E.g., Is it a contract for services or for goods, supplies or equipment or something else?
What is your financial interest in the public agency contract? Please include both financial advantages and obligations.	Please explain the financial interest and include a dollar amount if you know it.

UNCOMPENSATED PUBLIC POSITION	
Name and address of the public agency where you will have an uncompensated position.	Commonwealth of Massachusetts Division of Professional Licensure The Board of Dietitians and Nutritionists 1000 Causeway Street, Suite 710 Boston, MA 02114
What is the uncompensated position?	member of the above board
Who elected or appointed you to the position?	The Governor
Employee signature:	James Sedlacko
Date:	11/14/14

Attach additional pages if necessary.

**IF you already had a compensated public position,
file this disclosure with your appointing authority for that position.**

OTHERWISE,

**IF you are reporting an uncompensated position with the state or a county,
file this disclosure with the State Ethics Commission.**

**If you are reporting an uncompensated position with a city or town,
file this disclosure with the city or town clerk.**