



THE COMMONWEALTH OF MASSACHUSETTS  
COMMISSION AGAINST DISCRIMINATION

ONE ASHBURTON PLACE, BOSTON, MA 02108-1518



Deval L. Patrick  
Governor

October 17, 2014

Jamie R. Williamson  
Chairwoman

Sunila Thomas George  
Commissioner

Charlotte Golar Richie  
Commissioner

Lauren E. Duca  
Deputy Chief/SFI, Legal Division  
State Ethics Commission  
One Ashburton, Room 619  
Boston, MA 02108

Dear Ms. Duca:

Please find enclosed my resubmitted signed and dated disclosure form.

Thank you,

  
Charlotte Golar Richie  
Commissioner



20-14-5500

**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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<b>SPECIAL STATE EMPLOYEE INFORMATION</b>	
Name of special state employee:	Charlotte Golar Richie
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 <b>no compensation</b> is provided.</p> <p><input type="checkbox"/> I am not an elected official, and I earned <b>compensation for fewer than 800 hours</b> 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 <b>permitted to have personal or private employment during normal business hours</b>.</p> <p><input type="checkbox"/> I work for a company or organization which has a contract with a state agency, and I am a <b>"key employee"</b> because the contract identifies me by name or it is otherwise clear that the state is contracting for my services in particular, and the <b>contract states that I am a special state employee or indicates that I meet one of the three requirements listed above</b>.</p>
Title/ Position	Incoming External Advisory Board for Vice Chair of UMass Boston's Center for Women in Politics & Public Policy
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. N/A (CWPPP)
State Agency/ Department:	This is "my State Agency." Umass/Boston, Center for Women in Politics & Public Policy
Agency Address:	University of Massachusetts, Boston 100 Morrissey Blvd, 10th fl, Rm 12 Boston, MA 02125
Office phone:	617-287-5541
Office e-mail:	
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected
Starting date as a special state employee.	I joined the External Advisory Board of CWPPP as a Member in 1999?
<b>BOX # 1</b>	<b>ELECTED SPECIAL STATE EMPLOYEE</b>
Select either <b>STATEMENT #1</b> or <b>STATEMENT #2</b> .	<p>I am an elected special state employee. N/A</p> <p><input type="checkbox"/> <b>STATEMENT #1:</b> I had a financial interest in a contract made by a state agency <b>before</b> 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"/> <b>STATEMENT #2:</b> I will have a new financial interest in a contract made by a state agency.</p>

<p><b>Write an X by your financial interest.</b></p>	<p><b>My financial interest in a contract made by a state agency is:</b></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><b>BOX #2</b></p> <p><b>Select either STATEMENT #1 or STATEMENT #2.</b></p> <p><b>Write an X by your financial interest.</b></p>	<p><b>NON-ELECTED SPECIAL STATE EMPLOYEE</b></p> <p>I am a non-elected special state employee (compensated or uncompensated).</p> <p><input type="checkbox"/> <b>STATEMENT #1:</b> 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><b>My financial interest in a contract made by a state agency is:</b></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><b>OR</b></p> <p><input type="checkbox"/> <b>STATEMENT #2:</b> I will have a new financial interest in a contract made by a state agency.</p> <p><b>My financial interest in a contract made by a state agency is:</b></p> <p><input checked="" 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><b>FINANCIAL INTEREST IN A STATE CONTRACT</b></p>
<p>Name and address of state agency that made the contract</p>	<p>This is the "contracting agency."</p> <p>(MCAD) Mass Commission Against Discrimination One Ashburton Place, Room 601 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. MCAD</p>
<p><b>FILL IN THIS BOX OR THE NEXT BOX</b></p>	<p><b>ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AGENCY AND YOU.</b></p> <p>- Please explain what the contract is for.</p> <p>Commissioner of the MCAD</p>

	<p><b>ANSWER THE QUESTIONS IN THIS BOX</b>  <b>IF THE CONTRACT IS BETWEEN THE STATE AGENCY AND ANOTHER PERSON OR ENTITY</b></p> <ul style="list-style-type: none"> <li>- Please identify the person or entity that has the contract with the state agency.</li> <li>- What is your relationship to the person or entity?</li> <li>- What is the contract for?</li> </ul>
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>\$113,740</p>
Date when you acquired the financial interest	<p>July 8, 2014</p>
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>N/A</p>
Date when your immediate family acquired the financial interest	<p>N/A</p>
Employee signature:	<p>Charlotte Solarichue</p>
Date:	<p>10/17/14</p>

Attach additional pages if necessary.

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