

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

2016 MAY - 2 AM 11:28

STATE EMPLOYEE INFORMATION	
Name of state employee:	Andrew S. Margolin
Title/ Position	Psychologist
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	Department of Developmental Disabilities South Valley Office Services
Agency Address	1961 West St. #9 Milford, MA 01757
Office phone:	(508) 634-3345
Office e-mail:	Andrew.Margolin@MassMail.State.MA.US
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected
Starting date as a state employee:	04/04/2016
ELECTED, COMPENSATED STATE EMPLOYEE	
BOX #1  Select either <b>STATEMENT #1</b> or <b>STATEMENT #2.</b>  Write an X beside your financial interest.	<p>I am an elected, compensated state employee, other than a state Senator or a state Representative.</p> <p><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. OR</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>My financial interest in a state contract is:</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 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>
NON-ELECTED, COMPENSATED STATE EMPLOYEE	
BOX #2  Select either <b>STATEMENT #1</b> or <b>STATEMENT #2.</b>	<p>I am a non-elected, compensated state employee.</p> <p><input checked="" type="checkbox"/> <b>STATEMENT #1:</b> I had one of the following financial interests in a contract made by a state agency before I took a position as a non-elected state employee. I will continue to have this financial interest in a state contract.</p>

<p>Write an X beside your financial interest.</p>	<p><b>My financial interest in a state contract is:</b></p> <p><input checked="" 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><u>STATEMENT #2: I will have a new financial interest in a contract made by a state agency.</u></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 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>"My State Agency" is the state agency that I serve as a state employee.</p> <p>The "contracting agency" is the state agency that made the contract.</p> <p><input checked="" type="checkbox"/> My State Agency is not the contracting agency.</p> <p><input 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 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><i>Consulting Services to Department of Counseling at Bristol Community College</i></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>

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>265 an hour (16 hours per week, as needed)</p>
Date when you acquired a financial interest	2/15/2015
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>.</p>
Date when your immediate family acquired a financial interest	
Write an X to confirm each statement.	<p><b>FOR A CONTRACT FOR PERSONAL SERVICES –</b></p> <p>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).</p> <p><input checked="" type="checkbox"/> I will have a contract with a state agency to provide personal services.</p> <p><input checked="" type="checkbox"/> The services will be provided outside my normal working hours as a state employee.</p> <p><input checked="" type="checkbox"/> The services are not required as part of my regular duties as a state employee.</p> <p><input checked="" type="checkbox"/> For these services, I will be compensated for not more than 500 hours during a calendar year.</p>
Employee signature:	<i>Andy L. Marsh</i>
Date:	4/14/2016

Attach additional pages if necessary.

**NOT A PERSONAL SERVICES CONTRACT – File disclosure with:**

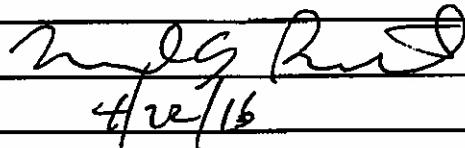
State Ethics Commission  
One Ashburton Place, Room 610  
Boston, MA 02108

**SEE CERTIFICATION REQUIRED FOR PERSONAL SERVICES POSITIONS, BELOW.**

**FOR CONTRACTS FOR PERSONAL SERVICES ONLY:**

If you are reporting a financial interest in a contract for personal services with a state agency, then in addition to completing the disclosure above, you also must file the certificate below signed by the head of the contracting agency.

**CERTIFICATION BY HEAD OF CONTRACTING AGENCY**

<b>INFORMATION ABOUT HEAD OF CONTRACTING AGENCY</b>	
Name:	Michael Bensink
Title/ Position	Dean of Counseling and Health Services
State Agency:	Bristol Community College Counseling Services
Agency Address:	777 Elsbree Street Fall River, MA 02720
Office Phone:	774. 357. 2379
<b>CERTIFICATION</b>	
	I have received a disclosure under G.L. c. 268A, § 7(b) from a state employee who seeks to provide personal services to my state agency, identified above. I certify that no employee of my agency is available to perform the services described above as part of his or her regular duties.
Signature:	
Date:	4/22/16

Attach additional pages if necessary.

File disclosure and certification with:

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