AND CERTIFICATION BY HEAD OF CONTRACTING AGENCY, Board of Bar Examiners AS REQUIRED BY G. L. c. 268A, § 7(b) RECEIVED 20 2016

| | STATE EMPLOYEE INFORMATION |
|---|---|
| Name of state employee: | Ashley Wisneski |
| Title/ Position | Assistant General Counsel, Dept. of Higher Education |
| 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 Higher Education |
| Agency Address | One Ashburton Place, Room 1401 Boston, MA 02108 |
| Office phone: | (617) 994-6952 |
| Office e-mail: | awisneski@bhe.mass.edu |
| | Check one: Elected or Non-elected |
| Starting date as a state employee. | 6/6/11 (Attorney General's Office); 4/19/16 (DHE) |
| BOX # 1 | ELECTED, COMPENSATED STATE EMPLOYEE I am an elected, compensated state employee, other than a state Senator or a state Representative. |
| Select either STATEMENT #1 or STATEMENT #2. | STATEMENT #1: 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 |
| Write an X | STATEMENT #2: I will have a new financial interest in a contract made by a state agency. My financial interest in a state contract is: |
| beside your financial interest. | l have a non-elected, compensated state employee position. |
| | A state agency has a contract with me. |
| | 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. |
| | 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. |
| BOX # 2 | NON-ELECTED, COMPENSATED STATE EMPLOYEE I am a non-elected, compensated state employee. |
| Select either STATEMENT #1 or STATEMENT #2. | STATEMENT # 1: 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. |

| Write an X | My financial interest in a state contract is: |
|--|--|
| beside your | A state agency has a contract with me, but not an employment contract. |
| financial interest. | 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. |
| | OR |
| | STATEMENT # 2: I will have a new financial interest in a contract made by a state agency. |
| | My financial interest in a state contract is: |
| | I have a non-elected, compensated state employee position. |
| | A state agency has a contract with me. |
| | 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. |
| | 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. |
| | FINANCIAL INTEREST IN A STATE CONTRACT |
| Name and address of state agency that | Board of Bar Oversears Examiners |
| made the contract | 24 New Chardon St., 1st floor |
| | Boston, MA 02114 |
| | "My State Agency" is the state agency that I serve as a state employee. |
| | The "contracting agency" is the state agency that made the contract. |
| Please put in an X to confirm | My State Agency is not the contracting agency. |
| these facts. | My State Agency does not regulate the activities of the contracting agency. |
| | 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. |
| | The contract was made after public notice or through competitive bidding. |
| | ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND YOU. |
| FILL IN | - Please explain what the contract is for. |
| THIS BOX OR THE BOX BELOW | Grading of Bar Exam essays for the Massachusetts |
| | Bar Exam. |
| | |
| | ANSWER THE QUESTIONS IN THIS BOX |
| | IF THE CONTRACT IS BETWEEN THE STATE AND ANOTHER PERSON OR ENTITY. |
| FILL IN THIS BOX OR THE BOX ABOVE | 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? |
| | |
| | |
| | |

| What is your | - Please explain the financial interest and include the dollar amount if you know it. |
|-------------------------------|--|
| financial interest | 1 |
| In the state contract? | I will be compensated as a conteacted state |
| | |
| | employee for services provided to the BBE. |
| | |
| 1 | |
| <u></u> | |
| Date when you | 1 / / / / data aff and addition to apped a |
| acquired a financial interest | 6/6/16 (act of topinal addition to genere |
| Interest | 6/6/16 (date of formal addition to grader roster) |
| | ' |
| What is the financial | - Please explain the financial interest and include the dollar amount if you know it. |
| interest of your | * |
| immediate family? | none |
| | |
| | |
| | |
| Date when your | |
| immediate family | |
| acquired a financial | |
| interest | ¥ |
| ļ | |
| 30 | FOR A CONTRACT FOR PERSONAL SERVICES - |
| | Answer the questions in this hav ONLY if you will have a contract for your and |
| Write an X | 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 |
| to confirm each | agency). |
| statement. | |
| | I will have a contract with a state agency to provide personal services. |
| | _X The services will be provided outside my normal working hours as a state employee. |
| 8 | |
| 15 | The services are not required as part of my regular duties as a state employee. |
| ¥ | Y For these services, I will be compensated for not more than 500 hours during a calendar year. |
| Employee signature: | Ashlut (W) - I |
| Date: | 1-111/11 |
| | 0/17/10 |

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.

Received Board of Bar Examiners

JUN 2 0 2016

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

| | INFORMATION ABOUT HEAD OF CONTRACTING AGENCY |
|-----------------|---|
| Name: | MARILYN J. WELLINGTON |
| Title/ Position | EXECUTIVE DIRECTOR |
| State Agency: | |
| | Board of Bar Examiners |
| Agency Address: | 24 New Chardon St. 1st flr. |
| • | Boston, M 02114 |
| Office Phone: | 617 -485-4466 |
| | CERTIFICATION |
| | 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: | (Julsoice) |

Attach additional pages if necessary.

File disclosure and certification with:

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