


**DISCLOSURE BY SPECIAL STATE EMPLOYEE
OF FINANCIAL INTEREST IN A STATE CONTRACT
AS REQUIRED BY G. L. c. 268A, § 7(d)**

RECEIVED
STATE ETHICS COMMISSION

	SPECIAL STATE EMPLOYEE INFORMATION 2018 JAN 29 AM 11:46
Name of special state employee:	Ellen D. Herman
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 checked="" 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 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 to Sr. Vice President (Planning and Organizational Development)
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." University of Massachusetts
Agency Address:	One Beacon Street Boston, MA 02108
Office phone:	
Office e-mail:	eherman@umassp.edu
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected
Starting date as a special state employee.	January 1, 2018
BOX # 1 Select either STATEMENT #1 or STATEMENT #2 .	<p>ELECTED SPECIAL STATE EMPLOYEE</p> <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>My financial interest in a contract made by a state agency is:</p>

Write an X by your financial interest.	<input type="checkbox"/> A compensated, non-elected position with a state agency. <input type="checkbox"/> A contract between a state agency and myself. <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. <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.
BOX #2 Select either STATEMENT #1 or STATEMENT #2. Write an X by your financial interest.	NON-ELECTED SPECIAL STATE EMPLOYEE I am a non-elected special state employee (compensated or uncompensated). <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. My financial interest in a contract made by a state agency is: <input type="checkbox"/> A contract between a state agency and myself, but not an employment contract. <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. OR X <input type="checkbox"/> STATEMENT #2: I will have a new financial interest in a contract made by a state agency. My financial interest in a contract made by a state agency is: <input checked="" type="checkbox"/> A compensated, non-elected position with a state agency. <input type="checkbox"/> A contract between a state agency and myself. <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. <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.
	FINANCIAL INTEREST IN A STATE CONTRACT
Name and address of state agency that made the contract	This is the "contracting agency." Department of Transportation 10 Park Plaza, Suite 4160 Boston, MA 02116
Write an X to confirm this statement.	X 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.
FILL IN THIS BOX OR THE NEXT BOX	ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AGENCY AND YOU. - Please explain what the contract is for. - Program Coordinator - Organizational Development and Strategic Planning

	<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?
What is your financial interest in the state contract?	<ul style="list-style-type: none"> - Please explain the financial interest and include the dollar amount if you know it. <p>\$54,000 (between January – December 2017) \$50,000 (between January – June 2018)</p>
Date when you acquired the financial interest	January 2017
What is the financial interest of your immediate family?	<ul style="list-style-type: none"> - Please explain the financial interest and include the dollar amount if you know it. <p>None</p>
Date when your immediate family acquired the financial interest	
Employee signature:	
Date:	

Attach additional pages if necessary.

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