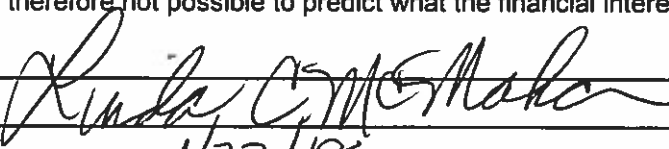


**DISCLOSURE BY NON-ELECTED STATE EMPLOYEE OF FINANCIAL INTEREST
AND DETERMINATION BY APPOINTING AUTHORITY
AS REQUIRED BY G. L. c. 268A, § 6**

RECEIVED
STATE ETHICS COMMISSION

2010 JAN 29 AM 11:45

| | |
|---|---|
| | STATE EMPLOYEE INFORMATION |
| Name: | Linda McMahan |
| Title or Position: | Community Services Analyst |
| State Agency: | Massachusetts Housing Finance Agency ("MassHousing") |
| Agency Address: | MassHousing One Beacon Street Boston, MA 02108 |
| Office Phone: | 617-854-1084 |
| Office E-mail: | lmcman@masshousing.com |
| | My duties require me to participate in a particular matter, and I may not participate because of a financial interest that I am disclosing here. I request a determination from my appointing authority about how I should proceed. |
| | PARTICULAR MATTER |
| Particular matter E.g., a judicial or other proceeding, application, submission, request for a ruling or other determination, contract, claim, controversy, charge, accusation, arrest, decision, determination, or finding. | I am the legal guardian and representative payee of my brother, Paul McMahan. Paul is a client of the Department of Developmental Services and is now seeking housing as a DDS client. As part of my job at MassHousing, I am responsible for helping administer a program ("Program") between MassHousing, DDS and the Department of Mental Health under which clients of DDS and DMH are referred for housing in 3% of units in participating developments financed by MassHousing. |
| Your required participation in the particular matter: E.g., approval, disapproval, decision, recommendation, rendering advice, investigation, other. | I administer referrals to housing developments when units become available under the Program. I do not have discretion over who is referred, but instead proceed from information prepared by DDS and DMH. |
| | FINANCIAL INTEREST IN THE PARTICULAR MATTER |
| Write an X by all that apply. | <input type="checkbox"/> I have a financial interest in the matter. <input checked="" type="checkbox"/> My immediate family member has a financial interest in the matter. <input type="checkbox"/> My business partner has a financial interest in the matter. <input type="checkbox"/> I am an officer, director, trustee, partner or employee of a business organization, and the business organization has a financial interest in the matter. <input type="checkbox"/> I am negotiating or have made an arrangement concerning future employment with a person or organization, and the person or organization has a financial interest in the matter. |

| | |
|----------------------------------|--|
| Financial interest in the matter | A referred applicant under the Program must meet the applicable affordable housing development's eligibility requirements and pay the applicable affordable rent for the unit. There may be a subsidy available as a result of renting the unit, but there may not be. It is therefore not possible to predict what the financial interest may be. |
| Employee signature: |  |
| Date: | 1/23/18 |

DETERMINATION BY APPOINTING OFFICIAL

| | |
|---|---|
| | APPOINTING AUTHORITY INFORMATION |
| Name of Appointing Authority: | Thomas Lyons |
| Title or Position: | Acting Executive Director |
| Agency/Department: | Massachusetts Housing Finance Agency ("MassHousing") |
| Agency Address: | MassHousing One Beacon Street Boston, MA 02108 |
| Office Phone: | 617-854-1075 |
| Office E-mail | tlyons@masshousing.com |
| | DETERMINATION |
| Determination by appointing authority: Write an X by your selection. | As appointing official, as required by G.L. c. 268A, § 6, I have reviewed the particular matter and the financial interest identified above by a state employee. <input type="checkbox"/> I am assigning the particular matter to another employee, or <input type="checkbox"/> I am assuming responsibility for the particular matter, or <input checked="" type="checkbox"/> I have determined that the financial interest is not so substantial as to be deemed likely to affect the integrity of the services which the Commonwealth may expect from the employee. |
| Appointing Authority signature: |  |
| Date: | 1-23-18 |
| Comment: | |

Attach additional pages if necessary.

File copy with: