

**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST
IN A CONTRACT TO PROVIDE SOCIAL SERVICES
PURSUANT TO 930 CMR 6.07**

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STATE ETHICS COMMISSION

2018 FEB 12 PM 3:22

STATE EMPLOYEE INFORMATION	
Name of state employee:	Kathryn Laverriere
Title/ Position:	Communications Coordinator
Agency/Department:	Executive Office of Health and Human Services
Agency Address:	1 Ashburton Place Boston, MA, 11 th Floor
Office phone:	617-573-1852
Office e-mail	Kathryn.laverriere@ma.state.us
	<p>I am a state employee, and I seek to have a financial interest in a contract or agreement made by a state agency listed below, or by a provider or organization funded by a state agency listed below:</p> <p>A state agency within the following Executive Offices:</p> <p>Executive Office of Health and Human Services, including the Human Service Transportation Office;</p> <p>Executive Office of Public Safety and Security,</p> <p>Executive Office of Elder Affairs,</p> <p>Executive Office of Veteran's Services, or</p> <p>A sheriff's office.</p> <p>The purpose of the contract is:</p> <ul style="list-style-type: none"> - To provide personal services to a person or persons who receive services from, or have services paid for by, these state agencies; or - To provide educational services to people who work for these state agencies or for providers or organizations funded by these state agencies. <p>I seek approval of the arrangement from the agency for which I serve as a state employee and from the state agency above that made the contract.</p>
FINANCIAL INTEREST IN A CONTRACT WITH A STATE AGENCY	
PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW AND PROVIDE THE REQUESTED INFORMATION.	
1) Service to a state agency	<p><input type="checkbox"/> I will provide personal or educational services to a state agency listed above.</p> <p>Please identify the state agency and also the Executive Office it is in, if applicable.</p>
2) Service to a provider or organization	<p><input checked="" type="checkbox"/> I will provide personal or educational services to a provider or organization funded by a state agency listed above.</p> <p>Please provide the name and address of the provider or organization.</p>

	<p>Merrimack Valley Prevention and Substance Abuse Project (MVPASAP)</p> <p>9 Cochrane St, Methuen, MA, 01844</p> <p>Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable.</p> <p>The Department of Public Health is funding a \$20,000 earmark to MVPASAP- which is not the only funds they receive- but the only state funds they receive.</p> <p>In FY18 Final Budget, line item 4512-0106 says "\$20,000 shall be expended for the Merrimack Valley Prevention and Substance Abuse Project toward resources, community outreach and programs in Methuen, Lawrence, Haverhill and North Andover"</p>
3) Service to a person or persons	<p>____ I will provide personal services directly to a person or persons who receive services from, or have services paid for by, a state agency listed above.</p> <p>Please identify the state agency that provides services to, or pays for services for, the person or persons, and also the Executive Office it is in, if applicable.</p>
Please describe the services you will provide.	<p>Please provide information about the type of personal or educational services you will provide. Please do not include the name of any individual who receives services.</p> <p>Executive Assistant provides administrative support to the Board of Directors/President</p> <p>This position:</p> <ul style="list-style-type: none"> • provides information as requested • maintains on-going communications • maintains appointment and meeting calendars, arrange meetings, secures and prepares facilities. • Prepares marketing materials for meetings/guest speakers • Maintains communications via press releases, newsletters, social media, and weekly/biweekly emails • Provides resources to families and addicts in need of services • Works with service providers around the state when needed • Takes and transcribes minutes of meetings and prepared follow-up materials
What will you be paid, or what other financial interest will you have?	<p>Please include a dollar amount, if possible.</p> <p>This will be on an as-needed basis. Some months are slower than others which will require little to no payment.</p>
Employee signature	<i>Shawn A. Javerriere</i>
Date:	11/19/18
	APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE
Name and title of appointing authority	<i>Shawn Targuer</i>
Office phone	417-573-1834
Office e-mail	Shawn.Targuer@state.ma.us
Signature by	By signing here, I indicate that I have reviewed the facts that the state employee has

appointing authority	disclosed above and approve the arrangement proposed by the state employee.
Date:	
	APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)
Name and title of person giving approval at the state agency that made the contract	
Office phone	
Office e-mail	
Signature by person giving approval	By signing here, I indicate that I have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee.
Date:	

Attach additional pages if necessary.

File with:

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

Form revised February, 2012