


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

RECEIVED  
STATE ETHICS COMMISSION  
2019 MAY 21 PM 2:29

<b>STATE EMPLOYEE INFORMATION</b>	
Name of state employee:	David V Tan
Title/ Position	Office Support Specialist II
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	Division of Capital Asset Management and Maintenance (DCAMM)
Agency Address	John W McCormack Building One Ashburton Place 14 Floor Room 1411 Boston MA 02108
Office phone:	(857) 204 – 1878
Office e-mail:	David.Tan@mass.gov
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected
Starting date as a state employee.	04/14/2019
<b>BOX # 1</b>	<b>ELECTED, COMPENSATED STATE EMPLOYEE</b>
Select either STATEMENT #1 or STATEMENT #2.	I am an elected, compensated state employee, other than a state Senator or a state Representative.
Write an X beside your financial interest.	<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><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>
<b>BOX # 2</b>	<b>NON-ELECTED, COMPENSATED STATE EMPLOYEE</b>
Select either STATEMENT #1 or STATEMENT #2.	I am a non-elected, compensated state employee.
	<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><b>My financial interest in a state contract is:</b></p>

<p><b>Write an X beside your financial interest.</b></p>	<p><input type="checkbox"/> A state agency has a contract with me, but not an employment contract.</p> <p><input checked="" 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><input type="checkbox"/> <b>STATEMENT # 2:</b> I will have a new financial interest in a contract made by a state agency.</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>MassHealth 100 Hancock Street 6<sup>th</sup> Floor Quincy, MA 02171</p>
<p><b>Please put in an X to confirm these facts.</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 checked="" 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 checked="" 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><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. Nu Dam Tan</p> <p>- What is your relationship to the person or entity? Son</p> <p>- What is the contract for? I am my mother's CPA and she is living with me in the same household. I get paid by her benefit provider Senior Whole Health.</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>I am my mother's CPA and get paid \$15.00/hour, 10 hours/week by her benefit provider Senior Whole Health.</p>
Date when you acquired a financial interest	07/21/2017
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>
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><b>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).</b></p> <p>I will have a contract with a state agency to provide personal services.</p> <p><input type="checkbox"/> The services will be provided outside my normal working hours as a state employee.</p> <p><input type="checkbox"/> The services are not required as part of my regular duties as a state employee.</p> <p><input type="checkbox"/> For these services, I will be compensated for not more than 500 hours during a calendar year.</p>
Employee signature:	
Date:	05/21/2019

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.