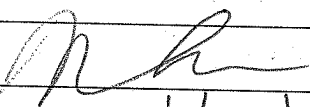


**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST IN A STATE CONTRACT  
AND CERTIFICATION BY HEAD OF CONTRACTING AGENCY  
AS REQUIRED BY G. L. c. 268A, § 7(b)**

	<b>STATE EMPLOYEE INFORMATION</b>
Name of state employee:	Michele Waldron
Title/ Position	Psychologist IV
<b>Fill in this box if it applies to you.</b>	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	DDS
Agency Address	49 Nursery Lane Fitchburg, MA 01420
Office phone:	978-5162615
Office e-mail:	Michele.waldron@massmail.state.ma.us
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected
Starting date as a state employee.	6/1/14
<b>BOX # 1</b>	<b>ELECTED, COMPENSATED STATE EMPLOYEE</b>
<b>Select either STATEMENT #1 or STATEMENT #2.</b>	I am an <b>elected, compensated state employee</b> , other than a state Senator or a state Representative.
<b>Write an X beside your financial interest.</b>	<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. <b>OR</b></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>
<b>Select either STATEMENT #1 or STATEMENT #2.</b>	I am a <b>non-elected, compensated state employee</b> .
<b>Write an X</b>	<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 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>

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<b>beside your financial interest.</b>	<p><input type="checkbox"/> A state agency has a contract with me, but not an employment contract.</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>-- OR --</p> <p><input type="checkbox"/> <b>STATEMENT # 2:</b> I will have a <b>new</b> 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 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><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>FINANCIAL INTEREST IN A STATE CONTRACT</b>
Name and address of state agency that made the contract	Massachusetts Treatment Center 30 Administration Rd Bridgewater, MA 02324
<b>Please put in an X to confirm these facts.</b>	<p><b>"My State Agency"</b> is the state agency that I serve as a <b>state employee</b>.</p> <p>The <b>"contracting agency"</b> is the <b>state agency that made the contract</b>.</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 type="checkbox"/> The contract was made after public notice or through competitive bidding.</p>
<b>FILL IN THIS BOX OR THE BOX BELOW</b>	<p><b>ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND YOU.</b></p> <p>I will provide consultative services to Counseling and Psychotherapy Center (CPC) during nonwork time</p>
<b>FILL IN THIS BOX OR THE BOX ABOVE</b>	<p><b>ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND ANOTHER PERSON OR ENTITY.</b></p> <p>- The Counseling and Psychotherapy Center has a contract with the DOC to provide sex offender and mental health services</p>

What is your financial interest in the state contract?	They will pay me per hour for services rendered. The proposed pay is \$60/hr
Date when you acquired a financial interest	January 2019
What is the financial interest of your immediate family?	My immediate family benefits from any income I have
Date when your immediate family acquired a financial interest	January 2019
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 checked="" type="checkbox"/> The services will be provided outside my normal working hours as a state employee.</p> <p><input checked="" type="checkbox"/> The services are not required as part of my regular duties as a state employee.</p> <p><input checked="" type="checkbox"/> For these services, I will be compensated for not more than 500 hours during a calendar year.</p>
Employee signature:	
Date:	1/11/19

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.

Revised from  
1/7/19