

**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)**

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2020 MAR 19 AM 10:05

	<b>STATE EMPLOYEE INFORMATION</b>
Name of state employee:	DARLING BONILLA
Title/ Position	Social worker / Intake Supervisor
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	Department of children and Families Metro North Area Office
Agency Address	300 Harvard mills square Suite 420 Wakefield, MA 01880
Office phone:	781-388-7145
Office e-mail:	darling.bonilla-speliotis@state.ma.us
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected
Starting date as a state employee.	November 1, 2006
<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> .
	<input type="checkbox"/> <b>STATEMENT # 1:</b> I had one of the following financial interests in a contract made by a state agency <b>before</b> I took a position as a non-elected state employee. I will continue to have this financial interest in a state contract.

<p><b>Write an X beside your financial interest.</b></p>	<p><b>My financial interest in a state contract is:</b></p> <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 checked="" 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>
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<p><b>FINANCIAL INTEREST IN A STATE CONTRACT</b></p>	
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<p>Name and address of state agency that made the contract</p>	<p>Mass Health 100 Hancock Street. 6th Floor Quincy, MA 02171</p>
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<p><b>Please put in an X to confirm these facts.</b></p>	<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 checked="" type="checkbox"/> The contract was made after public notice or through competitive bidding.</p>
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<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>
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<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> <ul style="list-style-type: none"> <li>- Please identify the person or entity that has the contract with the state agency.</li> <li>- What is your relationship to the person or entity?</li> <li>- What is the contract for?</li> </ul> <p>- Acadia Health has the contract with mass Health.</p> <p>- I am a per diem social worker @ Acadia Health</p> <p>- The contract is to provide mental health services to patients @ Acadia Health.</p>
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What is your financial interest in the state contract?	- Please explain the financial interest and include the dollar amount if you know it. - Acadia Health will pay me \$331 hr for per diem work.
Date when you acquired a financial interest	21 10/2020
What is the financial interest of your immediate family?	- Please explain the financial interest and include the dollar amount if you know it. NA
Date when your immediate family acquired a financial interest	NA
Write an X to confirm each statement.	<p><b>FOR A CONTRACT FOR PERSONAL SERVICES – NA</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:	Darling Bonilla
Date:	3/16/2020

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.