

09-20-9874

**DISCLOSURE BY SPECIAL STATE EMPLOYEE  
OF FINANCIAL INTEREST IN A STATE CONTRACT  
AS REQUIRED BY G. L. c. 268A, § 7(d)**

RECEIVED  
STATE ETHICS COMMISSION

	2020 SEP 14 AM 11:03
<b>SPECIAL STATE EMPLOYEE INFORMATION</b>	
Name of special state employee:	Michelle E. Duffelmeyer, MD
Put an X beside one statement.	<p>I am a <b>special state employee</b> because:</p> <p><input type="checkbox"/> I serve in a state position for which <b>no compensation</b> is provided.</p> <p><input type="checkbox"/> I am not an elected official, and I earned <b>compensation for fewer than 800 hours</b> in the preceding 365-day period.</p> <p><input checked="" type="checkbox"/> By the classification of my position by my state agency or by the terms of a contract or my conditions of employment, I am <b>permitted to have personal or private employment during normal business hours</b>. <i>Faculty position at Westfield State University</i></p> <p><input type="checkbox"/> I work for a company or organization which has a contract with a state agency, and I am a <b>"key employee"</b> because the contract identifies me by name or it is otherwise clear that the state is contracting for my services in particular, and the <b>contract states that I am a special state employee or indicates that I meet one of the three requirements listed above.</b></p>
Title/ Position	Assistant Professor in the Dept. of Health Science
<b>Fill in this box if it applies to you.</b>	If you are a special state employee because a state agency has contracted with your company or organization, please provide the name and address of the company or organization.
State Agency/ Department:	This is "my State Agency." <i>Westfield State University</i>
Agency Address:	<i>Academic Affairs 577 Western Ave PO Box 1630 Westfield, MA 01086</i>
Office phone:	
Office e-mail:	
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected
Starting date as a special state employee.	<i>Sept 1 2020</i>
<b>BOX # 1</b>	<b>ELECTED SPECIAL STATE EMPLOYEE</b>
Select either <b>STATEMENT #1</b> or <b>STATEMENT #2.</b>	<p>I am an <b>elected special state employee.</b></p> <p><input type="checkbox"/> <b>STATEMENT #1:</b> I had a financial interest in a contract made by a state agency <b>before</b> I was elected to a compensated special state employee position. I will continue to have this financial interest in a state contract.</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>Write an X by your financial interest.</b></p>	<p><b>My financial interest in a contract made by a state agency is:</b></p> <p><input type="checkbox"/> A compensated, non-elected position with a state agency.</p> <p><input type="checkbox"/> A contract between a state agency and myself.</p> <p><input type="checkbox"/> A financial benefit or obligation because of a contract that a state agency has with another person or with a company or organization.</p> <p><input type="checkbox"/> Other work because a state agency has a contract with my company or organization and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the state is contracting for my services in particular.</p>
<p><b>BOX #2</b></p> <p><b>Select either STATEMENT #1 or STATEMENT #2.</b></p> <p><b>Write an X by your financial interest.</b></p>	<p><b>NON-ELECTED SPECIAL STATE EMPLOYEE</b></p> <p>I am a <b>non-elected special state employee</b> (compensated or uncompensated).</p> <p><input checked="" type="checkbox"/> <b>STATEMENT #1:</b> I had a financial interest in a contract made by a state agency, other than an employment contract, <b>before</b> I took a non-elected, compensated special state employee position. I will continue to have this financial interest in a state contract.</p> <p><b>My financial interest in a contract made by a state agency is:</b></p> <p><input type="checkbox"/> A contract between a state agency and myself, but not an employment contract.</p> <p><input type="checkbox"/> A financial benefit or obligation because of a contract that a state agency has with another person or with a company or organization.</p> <p><b>OR</b></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 contract made by a state agency is:</b></p> <p><input checked="" type="checkbox"/> A compensated, non-elected position with a state agency.</p> <p><input type="checkbox"/> A contract between a state agency and myself.</p> <p><input type="checkbox"/> A financial benefit or obligation because of a contract that a state agency has with another person or with a company or organization.</p> <p><input type="checkbox"/> Other work because a state agency has a contract with my company or organization and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the state is contracting for my services in particular.</p>
	<p><b>FINANCIAL INTEREST IN A STATE CONTRACT</b></p>
<p>Name and address of state agency that made the contract</p>	<p>This is the "contracting agency."</p> <p><i>University of Massachusetts. University Health Services 150 Infirmity Way Amherst, MA 01003</i></p>
<p>Write an X to confirm this statement.</p>	<p><input checked="" type="checkbox"/> In my work as a special state employee for my State Agency, I <b>do not</b> participate in or have <b>official responsibility</b> for any of the activities of the contracting agency.</p>
<p><b>FILL IN THIS BOX OR THE NEXT BOX</b></p>	<p><b>ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AGENCY AND YOU.</b></p> <p>- Please explain what the contract is for.</p> <p><i>patient care as a staff physician at University Health Services</i></p>

	<p><b>ANSWER THE QUESTIONS IN THIS BOX</b>  <b>IF THE CONTRACT IS BETWEEN THE STATE AGENCY 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>
What is your financial interest in the state contract?	<ul style="list-style-type: none"> <li>- Please explain the financial interest and include the dollar amount if you know it.</li> </ul> <p><i>I was offered a faculty teaching position in the physician assistant program at Westfield State University. I resigned from my full time staff physician clinical position at UMass on Sept 8th and will</i></p>
Date when you acquired the financial interest	<p><i>to apply for a part time/non benefit clinical position to continue patient care.</i></p>
What is the financial interest of your immediate family?	<ul style="list-style-type: none"> <li>- Please explain the financial interest and include the dollar amount if you know it.</li> </ul> <p><i>none</i></p>
Date when your immediate family acquired the financial interest	
Employee signature:	<i>Michelle E. Duffelmeier, MD</i>
Date:	<i>9/14/2020</i>

Attach additional pages if necessary.

File your completed, signed Disclosure with:  
State Ethics Commission, One Ashburton Place, Room 619, Boston, MA 02108