


**DISCLOSURE BY NON-ELECTED STATE EMPLOYEE OF FINANCIAL INTEREST
AND DETERMINATION BY APPOINTING AUTHORITY
AS REQUIRED BY G. L. c. 268A, § 6**

2021 MAR 21 PM 10:34

STATE EMPLOYEE INFORMATION	
Name:	Luciana M Canestraro
Title or Position:	Advisor (special state employee)
State Agency:	Governor's Advisory Council on Refugees and Immigrants
Agency Address:	600 Washington Street, Boston, MA 02111
Office Phone:	N/A
Office E-mail:	info@jeffgoldmanimmigration.com ; mary.truong@state.ma.us
	My duties require me to participate in a particular matter, and I may not participate because of a financial interest that I am disclosing here. I request a determination from my appointing authority about how I should proceed.
PARTICULAR MATTER	
Particular matter E.g., a judicial or other proceeding, application, submission, request for a ruling or other determination, contract, claim, controversy, charge, accusation, arrest, decision, determination, or finding.	Please describe the particular matter. As an advisor to the Governor's Advisory Council on Refugees and Immigrants, I might come across matters related to healthcare, health services provision, health access, and the like. I have not yet been sworn in and have not been an active member of the Council. My role includes voting on matters presented to the council, which may include healthcare-related topics.
Your required participation in the particular matter: E.g., approval, disapproval, decision, recommendation, rendering advice, investigation, other.	Please describe the task you are required to perform with respect to the particular matter. As an advisor, my role will be to render advice -- and possibly provide recommendation -- to the governor on policy, planning, and priorities for refugees and immigrants.
FINANCIAL INTEREST IN THE PARTICULAR MATTER	
Write an X by all that apply.	<input type="checkbox"/> I have a financial interest in the matter. <input type="checkbox"/> My immediate family member has a financial interest in the matter. <input type="checkbox"/> My business partner has a financial interest in the matter. <input checked="" type="checkbox"/> I am an officer, director, trustee, partner or employee of a business organization, and the business organization has a financial interest in the matter. <input type="checkbox"/> I am negotiating or have made an arrangement concerning future employment with a person or organization, and the person or organization has a financial interest in the matter.

Financial interest in the matter	<p>Please explain the financial interest and include a dollar amount if you know it.</p> <p>I am an employee of Boston Children's Hospital, which receives awards from MA State agencies such as The Massachusetts Department of Public Health and the Commonwealth of Massachusetts (amounts unknown). I am also under a short-term contract to provide services to Health Care For All of Massachusetts (HCFA), a consumer health advocacy organization which does not receive funding from a MA State Agency.</p> <p>I intend to recuse myself from discussions dealing specifically with Boston Children's Hospital and Health Care for All (HCFA). I respectfully seek authorization to discuss issues dealing with general healthcare matters presented to the Council.</p>
Employee signature:	
Date:	2/12/2021

DETERMINATION BY APPOINTING OFFICIAL

APPOINTING AUTHORITY INFORMATION	
Name of Appointing Authority:	
Title or Position:	
Agency/Department:	
Agency Address:	
Office Phone:	
Office E-mail	
DETERMINATION	
Determination by appointing authority: Write an X by your selection.	<p>As appointing official, as required by G.L. c. 268A, § 6, I have reviewed the particular matter and the financial interest identified above by a state employee.</p> <p><input type="checkbox"/> I am assigning the particular matter to another employee, or</p> <p><input type="checkbox"/> I am assuming responsibility for the particular matter, or</p> <p><input type="checkbox"/> I have determined that the financial interest is not so substantial as to be deemed likely to affect the integrity of the services which the Commonwealth may expect from the employee.</p>
Appointing Authority signature:	
Date:	
Comment:	


Attach additional pages if necessary.

File copy with:

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

Form Revised February, 2012

DETERMINATION BY APPOINTING OFFICIAL

APPOINTING AUTHORITY INFORMATION	
Name of Appointing Authority:	Charles D. Baker
Title or Position:	Governor of the Commonwealth of Massachusetts
Agency/Department:	Office of the Governor
Agency Address:	State House Room 360 Boston, MA 02133
Office Phone:	(617) 725-4000
Office E-mail:	
DETERMINATION	
Determination by appointing authority: Write an X by your selection.	As appointing official, as required by G.L. c. 268A, § 6, I have reviewed the particular matter and the financial interest identified above by a state employee. <input type="checkbox"/> I am assigning the particular matter to another employee, or <input type="checkbox"/> I am assuming responsibility for the particular matter, or <input checked="" type="checkbox"/> I have determined that the financial interest is not so substantial as to be deemed likely to affect the integrity of the services which the Commonwealth may expect from the employee.
Appointing Authority signature:	
Date:	2/23/11
Comment:	

Attach additional pages if necessary.

File copy with:

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

