


**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

	STATE EMPLOYEE INFORMATION	2021 MAR 5 AM 10:53
Name of state employee:	SONIA KWON	
Title/ Position	LEGISLATIVE DIRECTOR, THE GENERAL COURT (SENATE)	
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		
Agency Address		
Office phone:	617-722-1607	
Office e-mail:	SONIA.KWON@MASENATE.GOV	
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected	
Starting date as a state employee.	SEPTEMBER 23, 2019	
BOX # 1	ELECTED, COMPENSATED STATE EMPLOYEE	
Select either STATEMENT #1 or STATEMENT #2.	<p>I am an elected, compensated state employee, other than a state Senator or a state Representative.</p> <p><input type="checkbox"/> STATEMENT #1: 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"/> STATEMENT #2: I will have a new financial interest in a contract made by a state agency.</p>	
Write an X beside your financial interest.	<p>My financial interest in a state contract is:</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>	
BOX # 2	NON-ELECTED, COMPENSATED STATE EMPLOYEE	
Select either STATEMENT #1 or	<p>I am a non-elected, compensated state employee.</p> <p><input type="checkbox"/> STATEMENT # 1: 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</p>	

<p>STATEMENT #2.</p> <p>Write an X beside your financial interest.</p>	<p>this financial interest in a state contract.</p> <p>My financial interest in a state contract is:</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><input type="checkbox"/> OR <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> STATEMENT # 2: I will have a new financial interest in a contract made by a state agency.</p> <p>My financial interest in a state contract is:</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>
<p>Name and address of state agency that made the contract</p>	<p>FINANCIAL INTEREST IN A STATE CONTRACT</p> <p>DEPARTMENT OF PUBLIC HEALTH 250 WASHINGTON STREET BOSTON, MA 02108-4619</p>
<p>Please put in an X to confirm these facts.</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>FILL IN THIS BOX OR THE BOX BELOW</p>	<p>ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND YOU.</p> <p><input type="checkbox"/> Please explain what the contract is for.</p>
<p>FILL IN THIS BOX OR THE BOX ABOVE</p>	<p>ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND ANOTHER PERSON OR ENTITY.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Please identify the person or entity that has the contract with the state agency. <input type="checkbox"/> What is your relationship to the person or entity? <input type="checkbox"/> What is the contract for? <p>LEADERSHIP AND LITERACY FOUNDATION; PART-TIME EMPLOYEE; STATE FUNDING FACILITATED BY DEPARTMENT OF PUBLIC HEALTH FOR REHABILITATING THE PHYSICAL FACILITY IN WHICH THE METHUEN YOUTH AND COMMUNITY</p>

	CENTER WILL BE LOCATED
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>LEADERSHIP AND LITERACY FOUNDATION IS ELIGIBLE TO RECEIVE FUNDS FROM THE STATE IN THE MAXIMUM AMOUNT OF \$200,000. MY ANNUAL SALARY FOR THE POSITION WILL BE \$40,000. WHILE MY SALARY MAY NOT BE SOURCED DIRECTLY FROM THE STATE FUNDS, I WILL BE PERFORMING SERVICES FOR WHICH THE STATE FUNDS WERE SECURED.</p>
Date when you acquired a financial interest	<p>CONTRACT DUE DATE: MARCH 1, 2021</p> <p>CONTRACT EFFECTIVE DATE: DATE OF EXECUTION BY DEPARTMENT OF PUBLIC HEALTH – PENDING</p> <p>NO FUNDS RELEASED TO DATE</p>
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>FOR A CONTRACT FOR PERSONAL SERVICES –</p> <p>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).</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:	MARCH 3, 2021

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.

FOR CONTRACTS FOR PERSONAL SERVICES ONLY:

If you are reporting a financial interest in a contract for personal services with a state agency, then in addition to completing the disclosure above, you also must file the certificate below signed by the head of the contracting agency.

CERTIFICATION BY HEAD OF CONTRACTING AGENCY

	INFORMATION ABOUT HEAD OF CONTRACTING AGENCY
Name:	
Title/ Position	
State Agency:	
Agency Address:	
Office Phone:	
	CERTIFICATION
	I have received a disclosure under G.L. c. 268A, § 7(b) from a state employee who seeks to provide personal services to my state agency, identified above. I certify that no employee of my agency is available to perform the services described above as part of his or her regular duties.
Signature:	
Date:	

Attach additional pages if necessary.

File disclosure and certification with:

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