

**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

<b>STATE EMPLOYEE INFORMATION</b>		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 <input type="checkbox"/> or <input checked="" type="checkbox"/> Non-elected	
Starting date as a state employee.	SEPTEMBER 23, 2019	
<b>BOX # 1</b>  Select either <b>STATEMENT #1 or STATEMENT #2.</b>  Write an X beside your financial interest.	<p><b>ELECTED, COMPENSATED STATE EMPLOYEE</b></p> <p>I am an elected, compensated state employee, other than a state Senator or a state Representative.</p> <p><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. OR</p> <p><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>  Select either <b>STATEMENT #1 or</b>	<p><b>NON-ELECTED, COMPENSATED STATE EMPLOYEE</b></p> <p>I am a non-elected, compensated state employee.</p> <p><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</p>	

<b>STATEMENT #2.</b>	this financial interest in a state contract.
<b>Write an X beside your financial interest.</b>	<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 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 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	DEPARTMENT OF PUBLIC HEALTH 250 WASHINGTON STREET BOSTON, MA 02108-4619
<b>Please put in an X to confirm these facts.</b>	<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 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>
<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>— Please explain what the contract is for.</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>— Please identify the person or entity that has the contract with the state agency.</p> <p>— What is your relationship to the person or entity?</p> <p>— What is the contract for?</p> <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?	<ul style="list-style-type: none"> <li>- Please explain the financial interest and include the dollar amount if you know it.</li> </ul> <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><b>CONTRACT DUE DATE: MARCH 1, 2021</b>  <b>CONTRACT EFFECTIVE DATE: DATE OF EXECUTION BY DEPARTMENT OF PUBLIC HEALTH – PENDING</b>  <b>NO FUNDS RELEASED TO DATE</b></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>
Date when your immediate family acquired a financial interest	
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 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**

<b>INFORMATION ABOUT HEAD OF CONTRACTING AGENCY</b>	
Name:	
Title/ Position	
State Agency:	
Agency Address:	
Office Phone:	
<b>CERTIFICATION</b>	
	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**