

**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST  
IN A CONTRACT TO PROVIDE SOCIAL SERVICES  
PURSUANT TO 930 CMR 6.07**

RECEIVED  
STATE ETHICS COMMISSION

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|                              | <b>STATE EMPLOYEE INFORMATION</b>  |
| Name of state employee:      | Candice Latta  |
| Title/ Position:             | Human Service Coordinator A/B  |
| Agency/Department:           | Department of Developmental Services<br>Charles River West   |
| Agency Address:              | 255 Elm Street suite 205<br>Somerville MA 02144  |
| Office phone:                | (617)623-5950 ext. 222   |
| Office e-mail                | candice.latta@mass.gov   |
|                              | <p>I am a state employee, and I seek to have a financial interest in a contract or agreement made by a state agency listed below, or by a provider or organization funded by a state agency listed below:</p> <p>A state agency within the following Executive Offices:</p> <p>Executive Office of Health and Human Services,<br/>including the Human Service Transportation Office;</p> <p>Executive Office of Public Safety and Security,</p> <p>Executive Office of Elder Affairs,</p> <p>Executive Office of Veteran's Services, or</p> <p>A sheriff's office.</p> <p>The purpose of the contract is:</p> <ul style="list-style-type: none"> <li>- To provide personal services to a person or persons who receive services from, or have services paid for by, these state agencies; or</li> <li>- To provide educational services to people who work for these state agencies or for providers or organizations funded by these state agencies.</li> </ul> <p>I seek approval of the arrangement from the agency for which I serve as a state employee and from the state agency above that made the contract.</p> |
|                              | <b>FINANCIAL INTEREST IN A CONTRACT WITH A STATE AGENCY</b>  |
|                              | <b>PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW<br/>AND PROVIDE THE REQUESTED INFORMATION.</b>   |
| 1) Service to a state agency | <p><input type="checkbox"/> I will provide personal or educational services to a state agency listed above.</p> <p>Please identify the state agency and also the Executive Office it is in, if applicable.</p>   |

|   |  |
|---|--|
| <p>2) Service to a provider or organization</p>                               | <p><input checked="" type="checkbox"/> I will provide personal or educational services to a provider or organization funded by a state agency listed above.</p> <p>Please provide the name and address of the provider or organization.</p> <p>Bridgewell<br/>10 Dearborn Road<br/>Peabody MA 01960</p> <p>Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable.</p> <p>Department of Developmental Services and MassHealth</p> |
| <p>3) Service to a person or persons</p>                                      | <p><input type="checkbox"/> I will provide personal services directly to a person or persons who receive services from, or have services paid for by, a state agency listed above.</p> <p>Please identify the state agency that provides services to, or pays for services for, the person or persons, and also the Executive Office it is in, if applicable.</p>  |
| <p>Please describe the services you will provide.</p>                         | <p>Please provide information about the type of personal or educational services you will provide. Please do not include the name of any individual who receives services.</p> <p>I provide direct care services in DDS funded residential homes - not within the Charles River West office</p>  |
| <p>What will you be paid, or what other financial interest will you have?</p> | <p>Please include a dollar amount, if possible.</p> <p>\$13.67 per hour</p>  |
| <p>Employee signature</p>   | <p>Candice Zotto</p>   |
| <p>Date:</p>  | <p>01/29/21</p>  |
| <p>APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE</p>                       |  |
| <p>Name and title of appointing authority</p>                                 | <p>Eric Scribner, Human Service Coordinator Supervisor</p>   |
| <p>Office phone</p>   | <p>617-623-5950 ext 218</p>  |
| <p>Office e-mail</p>  | <p>eric.scribner@mass.gov</p>  |
| <p>Signature by appointing authority</p>                                      | <p>By signing here, I indicate that I have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee.</p> <p>Eric Scribner</p>   |
| <p>Date:</p>  | <p>1-29-2021</p>   |

**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:           | INGE PETERS   |
| Title/ Position | Chief Human Resource Officer  |
| State Agency:   | Bridgewater   |
| Agency Address: | 10 Dearborn Rd<br>Peabody, MA 01960   |
| Office Phone:   | 339-883-2101  |
|                 | <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:           | 2/4/2021  |

Attach additional pages if necessary.

File disclosure and certification with:

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