

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

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STATE ETHICS COMMISSION
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Name of special state employee:	Theresa Hawley-Inacio	
Put an X beside one statement.	<p>I am a special state employee because:</p> <p><input type="checkbox"/> I serve in a state position for which no compensation is provided.</p> <p><input type="checkbox"/> I am not an elected official, and I earned compensation for fewer than 800 hours 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 permitted to have personal or private employment during normal business hours.</p> <p><input type="checkbox"/> I work for a company or organization which 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 is contracting for my services in particular, and the contract states that I am a special state employee or indicates that I meet one of the three requirements listed above.</p>	
Title/ Position	Assistant Professor of Nursing at Springfield Technical Community College (position ending this month / August 2022)	
Fill in this box if it applies to you.	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." Springfield Technical Community College 1 Armory Square Springfield MA	
Agency Address:	1 Armory Square Springfield MA 01105	
Office phone:	413 781 7822 HR: 413-755-4489	
Office e-mail:	trhawleyinacio@stcc.edu tjlove2001@stcc.edu	
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected	
Starting date as a special state employee.	I am leaving the STCC faculty position to work at Western Mass Hospital this month (a state DPH facility) - the transition day should be simultaneous/immediate. I am working at the hospital starting 8/13/22	
BOX # 1 Select either STATEMENT #1 or STATEMENT #2 .	<p>ELECTED SPECIAL STATE EMPLOYEE</p> <p>I am an elected special state employee.</p> <p><input type="checkbox"/> STATEMENT #1: I had a financial interest in a contract made by a state agency before 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"/> STATEMENT #2: I will have a new financial interest in a contract made by a state agency.</p>	

<p>Write an X by your financial interest.</p>	<p>My financial interest in a contract made by a state agency is:</p> <p><u>EXAMPLE</u> <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>BOX #2</p> <p>Select either STATEMENT #1 or STATEMENT #2.</p> <p>Write an X by your financial interest.</p>	<p>NON-ELECTED SPECIAL STATE EMPLOYEE</p> <p>I am a non-elected special state employee (compensated or uncompensated).</p> <p><input type="checkbox"/> STATEMENT #1: I had a financial interest in a contract made by a state agency, other than an employment contract, before I took a non-elected, compensated special state employee position. I will continue to have this financial interest in a state contract.</p> <p>My financial interest in a contract made by a state agency is:</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>OR</p> <p><input 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 contract made by a state agency is:</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>Name and address of state agency that made the contract</p>	<p>FINANCIAL INTEREST IN A STATE CONTRACT</p> <p>This is the "contracting agency." I will be starting a 32 hr staff nurse position at Western Mass Hospital. After I start that job, I will be parttime adjunct clinical faculty one day weekly at STCC.</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 do not participate in or have official responsibility for any of the activities of the contracting agency.</p>
<p>FILL IN THIS BOX OR THE NEXT BOX</p>	<p>ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AGENCY AND YOU.</p> <p>- Please explain what the contract is for.</p> <p>I am finishing my 2021-2022 academic year faculty position contract for STCC (all work was completed in may - payment is spread out over a calendar September to August year).</p> <p>I am starting a new staff nurse position @ WmH.</p>

	<p>ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AGENCY AND ANOTHER PERSON OR ENTITY</p> <ul style="list-style-type: none"> - Please identify the person or entity that has the contract with the state agency. - What is your relationship to the person or entity? - What is the contract for? <p>n/a</p>
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>I will continue to be a state employee but am transferring between agencies,</p>
Date when you acquired the financial interest	<p>August 2022.</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> <p>none</p>
Date when your immediate family acquired the financial interest	<p>n/a</p>
Employee signature:	<p>Theresa Hawley O'Neil</p>
Date:	<p>8/12/22</p>

Attach additional pages if necessary.

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