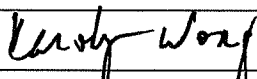


**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST IN A STATE CONTRACT
AND CERTIFICATION BY HEAD OF CONTRACTING AGENCY
AS REQUIRED BY G. L. c. 268A, § 7(b)**

RECEIVED BY THE COMMISSION
2012 APR 11 AM 11:28

	STATE EMPLOYEE INFORMATION
Name of state employee:	Carolyn Wong
Title/ Position	Research Associate
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	University of Massachusetts Boston
Agency Address	100 William T. Morrissey Blvd. Boston, MA 02125
Office phone:	617-287-5651 or cell 650-269-4421
Office e-mail:	carolyn.wong@umb.edu
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected
Starting date as a state employee.	Sept 11, 2011
BOX # 1	ELECTED, COMPENSATED STATE EMPLOYEE
Select either STATEMENT #1 or STATEMENT #2.	I am an elected, compensated state employee , other than a state Senator or a state Representative. <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 <input type="checkbox"/> STATEMENT #2: I will have a new financial interest in a contract made by a state agency.
Write an X beside your financial interest.	My financial interest in a state contract is: <input type="checkbox"/> I have a non-elected, compensated state employee position. <input type="checkbox"/> A state agency has a contract with me. <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. <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.
BOX # 2	NON-ELECTED, COMPENSATED STATE EMPLOYEE
Select either STATEMENT #1 or STATEMENT #2.	I am a non-elected, compensated state employee . <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 this financial interest in a state contract.

<p>Write an X beside your financial interest.</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>-- 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 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><i>Massachusetts Department of Public Health (MDPH)</i> <i>250 Washington St, Boston, MA 02108</i></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>- 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> <p>1) - Please identify the person or entity that has the contract with the state agency. 2) - What is your relationship to the person or entity? 3) - What is the contract for?</p> <p><i>1) Health Resources in Action, HRIA, Boston</i> <i>2) I am a consultant for the Cambridge Health Alliance, which is a subcontractor on the HRIA's contract with MDPH</i> <i>3) The contract was awarded for Project Build Up in MDPH's competitive bid process. CommBuys Bid #: BD-19-1031-BSASO-BSAD1-36065</i></p>
<p>What is your</p>	<p>- Please explain the financial interest and include the dollar amount if you know it.</p>

financial interest in the state contract?	I am contracted as a consultant (independent contractor) to provide subject matter expertise regarding Asian American community-based organizations, their readiness to address community members' grooming. A contract in effect from February/March, 2021, to June 30, 2021, was amended to extend the end date from June 30, 2021, to June 30, 2022. This disclosure
Date when you acquired a financial interest	March 5, 2021 - a contract updates a previous disclosure (attached) was amended as described above to provide additional funding in the amount of \$750.00
What is the financial interest of your immediate family?	- Please explain the financial interest and include the dollar amount if you know it. N/A
Date when your immediate family acquired a financial interest	N/A
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:	April 7, 2022

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.

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Wong, Carolyn

Copy of 2021 Disclosure

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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)

STATE EMPLOYEE INFORMATION	
Name of state employee:	Carolyn Wong
Title/ Position	Research Associate
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	University of Massachusetts Boston - Institute for Asian American Studies
Agency Address	100 William T. Morrissey Blvd Boston MA 02125
Office phone:	Normally 617-287-5651 From March 2020 - present a cell 650-269-4421
Office e-mail:	carolyn.wong@umb.edu
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected
Starting date as a state employee.	September 11, 2011
BOX # 1	<p>ELECTED, COMPENSATED STATE EMPLOYEE</p> <p>I am an elected, compensated state employee, other than a state Senator or a state Representative.</p> <p>— 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>— 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>— I have a non-elected, compensated state employee position.</p> <p>— A state agency has a contract with me.</p> <p>— 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>— 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>Select either STATEMENT #1 or STATEMENT #2.</p> <p>Write an X beside your financial interest.</p>	
BOX # 2	<p>NON-ELECTED, COMPENSATED STATE EMPLOYEE</p> <p>I am a non-elected, compensated state employee.</p> <p>— 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 this financial interest in a state contract.</p>
<p>Select either STATEMENT #1 or STATEMENT #2.</p>	

Wong, Carolyn

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Write an X beside your financial interest.	<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>-- 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 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>
Name and address of state agency that made the contract	<p>FINANCIAL INTEREST IN A STATE CONTRACT</p> <p>Massachusetts Department of Public Health (MDPH)</p>
Please put in an X to confirm these facts.	<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>
FILL IN THIS BOX OR THE BOX BELOW	<p>ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND YOU.</p> <p>- Please explain what the contract is for.</p>
FILL IN THIS BOX OR THE BOX ABOVE	<p>ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND ANOTHER PERSON OR ENTITY.</p> <p>① Please identify the person or entity that has the contract with the state agency.</p> <p>② What is your relationship to the person or entity?</p> <p>③ What is the contract for?</p> <p>1 - Health Resources in Action, HRIA, Boston</p> <p>2 - I am a consultant for the Cambridge Health Alliance, which is a subcontractor on HRIA's contract with MDPH</p> <p>3 - The contract was awarded for Project Build Up in MDPH's competitive bid process</p> <p>commonwealth Bid #: BSACD-BSA01-3645</p>
What is your	<p>- Please explain the financial interest and include the dollar amount if you know it.</p> <p>next page →</p>

Wong, Carolyn

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financial interest In the state contract?	I am contracted as a consultant (independent contractor) to provide expertise on promotion and provision of problem gambling services to Asian American community members in MA. The consulting rate is \$200/hour, for up to 25 hours, total compensation not to exceed \$5000.00
Date when you acquired a financial interest	March 5, 2021
What is the financial interest of your immediate family?	- Please explain the financial interest and include the dollar amount if you know it. None
Date when your immediate family acquired a financial interest	NA
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:	Carolyn Wong
Date:	March 05, 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.