Aina Pfeifer

From:

Emily C Rikkola

STATE ETHICS COMMISSION

2022 JUN 13 AM 11: 28

Sent:

Monday, May 23, 2022 8:50 AM

To: Cc: Aina Pfeifer Narda Berrios

Subject:

Fully Approved Disclosure Form, mail to State Ethics Commission

Attachments:

CPCS Disclosure -Aina Pfeifer 052022.pdf

Follow Up Flag: Flag Status:

Follow up Flagged

Dear Aina.

Please see attached the Fully Approved Disclosure Form, for you to submit to the State Ethics Commission, as noted below. Any questions regarding the completion of the Disclosure Form should be directed to the State Ethics Commission Attorney of the Day at telephone number 617-371-9500 or email requestadvice@massmail.state.ma.us.

The Fully Approved Disclosure Form should be filed by mail to the: State Ethics Commission, One Ashburton Place, Room 619, Boston, Massachusetts, 02108. Thank you for your attention and cooperation. Have a nice day!

Best.

Emily Rikkola

Project Coordinator | Language Access and Court Records Department

C: 617-894-6499 emily.rikkola@jud.state.ma.us

Two Center Plaza, 9th Floor, Boston, Massachusetts 02108

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DISCLOSURE BY STATE EMPLOYEE OF A FINANCIAL INTEREST IN A CONTRACT TO PROVIDE SERVICES FOR THE COMMITTEE FOR PUBLIC COUNSEL SERVICES AS REQUIRED BY 930 CMR 6.06(2)

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employee:	AINA PFEIFER	transfer.	9
TO Mark Divini 12		10/700	-
Title/ Position	Court Interpreter (Portuguese)	2	V
	Count merpreter (Fortaguese)	တ	COMMODIL
Agency:	Trial Court of Massachusetts		
	Language Access and Court Records Department		
	Office of Language Access (OLA)		
Agency address:		and the same deposits of the same and the	
	2 Center Plaza, 9th Floor		
	Boston, Massachusetts 02108		
Office phone:		i-mpauridanidam ahadudi did	
	617-913-7331		
Office e-mail:	aina.pfeifer@jud.state.ma.us	y utuated is the sphips and again	P 00 0 T 1 1 10
	courts and assigns attorneys and personnel to work on the matters. In connithese matters, I expect to provide representation or services to, or on behalf persons, attorneys or personnel. I respectfully request written approval of the arrangement from CPCS and (if I am not an elected state employee) from mappointing authority in my state position.	of, such	ith
	CPCS SERVICES	habet notice that have manifest of	
Describe the nature of the representation or services you expect to provide to or for CPCS.	Interpretation for CPCS client-attorney meetings, translations of their case redocuments.	elated	-
If you are providing services through a company, please provide its name and address,	Aina Pfeifer 26 East St. Ipswich, MA 01938	m an dreithe with a condition with an	hediedale i
Who will pay you for your services?	X CPCS, directly.	and the state of t	
	An attorney or personnel assigned by:CPCS.		
If not CPCS, please		ratiofe strappings of a sing quality of a	
provide the name and			
address of the person			
or entity who will pay			

you or your company for your services.	
What is your financial interest in providing these services?	I'll work off regular court hours for CPCS and earn the standard rates determined by CPCS' "Court Cost Vendor Manual."
compensation and obligations, etc.	0011
Employee signature:	APPROVAL BY COMMITTEE FOR PUBLIC COUNSEL SERVICES
Name and title of CPCS employee giving approval	Lisa M. Hewitt, General Counsel
Office phone	617-910-5717
Office e-mail	lhewitt@publiccounsel.net
Signature by CPCS employee	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.
Date:	May 20, 2022
	FOR NON-ELECTED STATE EMPLOYEES ONLY: APPROVAL BY APPOINTING AUTHORITY AT STATE AGENCY WHICH YOU SERVE
Name and title of appointing authority, or his or her designee, at the state agency which you serve	Sybil a. Martin, Ph.D., Director
Office phone	857-216-8526
Office e-mail	
Signature by appointing authority	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.
Date:	Sharitini, PG. Q. May 20, 2022

Attach additional pages if necessary.
File copy with:
State Ethics Commission
One Ashburton Place, Room 619
Boston, MA 02108