

**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

	STATE EMPLOYEE INFORMATION	2023 JUN 20 PM 12:02
Name of state employee:	Linda C. Wallace	
Title/ Position	Director of Human Resources	
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:		
Office e-mail:		
	Check one: ☐ Elected or ☒ Non-elected	
Starting date as a state employee.		
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.	
Write an X beside your financial interest.	☐ 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 ☐ STATEMENT #2: I will have a new financial interest in a contract made by a state agency. My financial interest in a state contract is: ☐ I have a non-elected, compensated state employee position. ☐ A state agency has a contract with me. ☐ 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. ☐ 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 .	
	☒ 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.	

Write an X beside your financial interest.	My financial interest in a state contract is: ☐ A state agency has a contract with me, but not an employment contract. ☒ 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. - OR - ☐ STATEMENT # 2: I will have a new financial interest in a contract made by a state agency. My financial interest in a state contract is: ☐ I have a non-elected, compensated state employee position. ☐ A state agency has a contract with me. ☐ 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. ☐ 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.
FINANCIAL INTEREST IN A STATE CONTRACT	
Name and address of state agency that made the contract	Department of Developmental Services (DDS) 100 Washington Street, Boston, Ma 02118
Please put in an X to confirm these facts.	"My State Agency" is the state agency that I serve as a state employee. The "contracting agency" is the state agency that made the contract. ☒ My State Agency is not the contracting agency. ☒ My State Agency does not regulate the activities of the contracting agency. ☒ 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. ☒ The contract was made after public notice or through competitive bidding.
FILL IN THIS BOX OR THE BOX BELOW	ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND YOU. - Please explain what the contract is for.
FILL IN THIS BOX OR THE BOX ABOVE	ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND ANOTHER PERSON OR ENTITY. - 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?

What is your financial interest in the state contract?	- Please explain the financial interest and include the dollar amount if you know it. Worked for a company that receives funding from DDS for some of its services. I will receive a payout for a year, until the end of May 2024, but will not provide services or actively work for the company
Date when you acquired a financial interest	Started to work for the company on or about Feb. 24, 2020
What is the financial interest of your immediate family?	- Please explain the financial interest and include the dollar amount if you know it.
Date when your immediate family acquired a financial interest	
Write an X to confirm each statement.	FOR A CONTRACT FOR PERSONAL SERVICES – 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). I will have a contract with a state agency to provide personal services. ☐ The services will be provided outside my normal working hours as a state employee. ☐ The services are not required as part of my regular duties as a state employee. ☐ For these services, I will be compensated for not more than 500 hours during a calendar year.
Employee signature:	Linda C. Wallace
Date:	6/9/2023

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.