



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

RECEIVED  
STATE ETHICS COMMISSION  
2024 SEP 15 AM 11:08

	<b>STATE EMPLOYEE INFORMATION</b>
Name of state employee:	Pauline Gomis
Title/ Position:	Clerk IV
Agency/Department:	DDS/Wrentham Developmental Center
Agency Address:	150 Emerald St Wrentham Massachusetts
Office phone:	508-384-5601
Office e-mail	Pauline.gomis@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, 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 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>
2) Service to a provider or organization	<p><input 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>Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable.</p> <p><b>OPEN SKY COMMUNITY SERVICES</b></p>
3) Service to a person or persons	<p><input checked="" 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>
Please describe the services you will provide.	<p>Please provide information about the type of personal or educational services you will provide. <b>Please do not include the name of any individual who receives services.</b></p> <p><b>Direct care provider:</b></p> <p><i>Insuring that people's basic needs and human rights are satisfied, basic care services include teaching and/or helping people with eating, bathing, using the restroom, clothing, maintaining their dental and personal hygiene, exercising self-preservation, and other activities.</i></p>
What will you be paid, or what other financial interest will you have?	<p>Please include a dollar amount, if possible.</p> <p>\$17 / hour As a relief, I worked 7 to 20 hours every 2 weeks (Most likely Friday evening and Saturday morning)</p>
Employee signature	
Date:	08/18/2024
<b>APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE</b>	
Name and title of appointing authority	Judith E. Lydon-Ruby, Facility Director
Office phone	508-384-1601
Office e-mail	judi.lydon-ruby@mass.gov
Signature by appointing authority	<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> 
Date:	8-30-2024
<b>APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)</b>	
Name and title of person giving approval at the state agency that made the contract	
Office phone	
Office e-mail	

Signature by person giving approval	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:	

**Attach additional pages if necessary.**

**File with:**

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

**Form revised February, 2012**