

**Bettina Toner**  
btoner@kb-law.com

May 20, 2024

**Via E-Mail to:**

[theresa.meli.omodei@mass.gov](mailto:theresa.meli.omodei@mass.gov)

State Ethics Commission

Legal Division

One Ashburton Place, Room 619

Boston, MA 02108

Attn: Theresa Meli Omodei

Re: Financial Interest Disclosure by Andrew Solomon under G.L. c. 268A, § 7(b)

Dear Ms. Meli Omodei:

We are counsel to The Match Foundation, Inc. Enclosed please find a “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)” submitted on behalf of Andrew Solomon.

Please stamp the Disclosure Form with the date of receipt and return it via email to [rtynning@kb-law.com](mailto:rtynning@kb-law.com) or to my attention via mail.

Please do not hesitate to contact me at 617-482-7211 if you require additional information or have any questions.

Sincerely,

*Bettina Toner*

Bettina Toner

BT/bs

Enclosure

cc: Nnenna Ude, The Match Foundation, Inc. *(via email)*  
Andrew Solomon, Measured Moxie Consulting LLC *(via email)*  
Rebecca Tyning *(via email)*

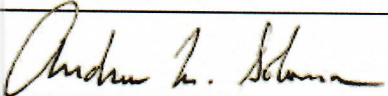
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**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST IN A STATE CONTRACT  
AND CERTIFICATION BY HEAD OF CONTRACTING AGENCY  
AS REQUIRED BY G. L. c. 268A, § 7(b)**

	<b>STATE EMPLOYEE INFORMATION</b>
Name of state employee:	Andrew M. Solomon
Title/ Position	Chief Financial Officer, Friends of Excel Academy, Inc. ("Friends")
<b>Fill in this box if it applies to you.</b>	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	Excel Academy Charter School, through an arrangement with Friends
Agency Address	58 Moore Street, East Boston, MA 02128
Office phone:	617-401-7736
Office e-mail:	asolomon@excelacademy.org
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected
Starting date as a state employee.	March 1, 2015
<b>BOX # 1</b>  <b>Select either STATEMENT #1 or STATEMENT #2.</b>  <b>Write an X beside your financial interest.</b>	<p><b>ELECTED, COMPENSATED STATE EMPLOYEE</b></p> <p>I am an <b>elected, compensated state employee</b>, other than a state Senator or a state Representative.</p> <p><input type="checkbox"/> <b>STATEMENT #1:</b> 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. <b>OR</b></p> <p><input type="checkbox"/> <b>STATEMENT #2:</b> I will have a new financial interest in a contract made by a state agency.</p> <p><b>My financial interest in a state contract is:</b></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 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>
<b>BOX # 2</b>  <b>Select either STATEMENT #1 or</b>	<p><b>NON-ELECTED, COMPENSATED STATE EMPLOYEE</b></p> <p>I am a <b>non-elected, compensated state employee</b>.</p> <p><input type="checkbox"/> <b>STATEMENT # 1:</b> I had one of the following financial interests in a contract made by a state agency <b>before</b> I took a position as a non-elected state employee. I will continue to</p>

<p><b>STATEMENT #2.</b></p> <p><b>Write an X beside your financial interest.</b></p>	<p>have this financial interest in a state contract.</p> <p><b>My financial interest in a state contract is:</b></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><b>-- OR --</b></p> <p><input type="checkbox"/> <b>STATEMENT # 2:</b> I will have a <b>new</b> financial interest in a contract made by a state agency.</p> <p><b>My financial interest in a state contract is:</b></p> <p><input checked="" 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 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><b>FINANCIAL INTEREST IN A STATE CONTRACT</b></p>
<p>Name and address of state agency that made the contract</p>	<p>The Match Foundation, Inc. 215 Forest Hills Street Jamaica Plain, MA 02130</p>
<p><b>Please put in an X to confirm these facts.</b></p>	<p><b>"My State Agency"</b> is the state agency that I serve as a <b>state employee</b>.</p> <p>The <b>"contracting agency"</b> is the <b>state agency that made the contract</b>.</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><b>FILL IN THIS BOX OR THE BOX BELOW</b></p>	<p><b>ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND YOU.</b></p> <p>- Please explain what the contract is for.</p>
<p><b>FILL IN THIS BOX OR THE BOX</b></p>	<p><b>ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND ANOTHER PERSON OR ENTITY.</b></p>



<b>ABOVE</b>	<ul style="list-style-type: none"> <li>- Please identify the person or entity that has the contract with the state agency.</li> <li>- What is your relationship to the person or entity?</li> <li>- What is the contract for?</li> </ul> <p>Measured Moxie Consulting, LLC, which is wholly owned by me, continued a contract with The Match Foundation, Inc., to provide financial consulting and support services on an interim basis. This contract was originally reported to the State Ethics Commission on June 7, 2023, with an expected duration of June 5, 2023 through October 5, 2023. The work continued beyond October 5, 2023 as a result of the extended duration of the search for a new Chief Financial Officer by Match Charter Public School. My engagement has been extended to December 31, 2024.</p>
What is your financial interest in the state contract?	<ul style="list-style-type: none"> <li>- Please explain the financial interest and include the dollar amount if you know it.</li> </ul> <p>Total compensation is expected to be approximately \$89,380.</p>
Date when you acquired a financial interest	Began on or about June 5, 2023
What is the financial interest of your immediate family?	<ul style="list-style-type: none"> <li>- Please explain the financial interest and include the dollar amount if you know it.</li> </ul> <p>n/a</p>
Date when your immediate family acquired a financial interest	<p>n/a</p>
Write an X to confirm each statement.	<p><b>FOR A CONTRACT FOR PERSONAL SERVICES –</b></p> <p><b>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).</b></p> <p>I will have a contract with a state agency to provide personal services.</p> <p><input checked="" type="checkbox"/> The services will be provided outside my normal working hours as a state employee.</p> <p><input checked="" type="checkbox"/> The services are not required as part of my regular duties as a state employee.</p> <p><input checked="" type="checkbox"/> For these services, I will be compensated for not more than 500 hours during a calendar year.</p>
Employee signature:	
Date:	05/16/2024

**Attach additional pages if necessary.**

**NOT A PERSONAL SERVICES CONTRACT -- File disclosure with:**

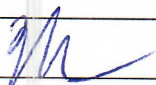
**State Ethics Commission  
One Ashburton Place, Room 619  
Boston, MA 02108**

**SEE CERTIFICATION REQUIRED FOR PERSONAL SERVICES POSITIONS, BELOW.**

**FOR CONTRACTS FOR PERSONAL SERVICES ONLY:**

If you are reporting a financial interest in a contract for personal services with a state agency, then in addition to completing the disclosure above, you also must file the certificate below signed by the head of the contracting agency.

**CERTIFICATION BY HEAD OF CONTRACTING AGENCY**

<b>INFORMATION ABOUT HEAD OF CONTRACTING AGENCY</b>	
Name:	Nnenna Ude
Title/ Position	President and Chief Executive Officer
State Agency:	The Match Foundation, Inc.
Agency Address:	215 Forest Hills Street Jamaica Plain, MA 02130
Office Phone:	617-721-1614
<b>CERTIFICATION</b>	
	I have received a disclosure under G.L. c. 268A, § 7(b) from a state employee who seeks to provide personal services to my state agency, identified above. I certify that no employee of my agency is available to perform the services described above as part of his or her regular duties.
Signature:	
Date:	5/20/24

Attach additional pages if necessary.

File disclosure and certification with:

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

Form Revised February, 2012