

**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)**

2024 DEC 12 PM 12:34

	STATE EMPLOYEE INFORMATION
Name of state employee:	GERARDO SPAGNUOLO
Title/ Position	Please provide information about your state employee position. SUPERVISOR of Maintenance
Agency:	MBTA
Agency address:	80 BROADWAY EVERETT MA 02149
Office phone:	617-222-5484
Office e-mail:	GSPAGNUOLO@MBTA.COM
	I am a state employee. The Committee for Public Counsel Services ("CPCS") provides representation and services to persons with regard to various matters in the state courts and assigns attorneys and personnel to work on the matters. In connection with these matters, I expect to provide representation or services to, or on behalf of, such persons, attorneys or personnel. I respectfully request written approval of the arrangement from CPCS and (if I am not an elected state employee) from my appointing authority in my state position.
	CPCS SERVICES
Describe the nature of the representation or services you expect to provide to or for CPCS.	Interpreter (Spanish)
If you are providing services through a company, please provide its name and address,	D.B.A. GERARDO SPAGNUOLO
Who will pay you for your services?	<input checked="" type="checkbox"/> CPCS, directly. <input type="checkbox"/> An attorney or personnel assigned by CPCS.
If not CPCS, please provide the name and address of the person or entity who will pay you or your company for your services.	

<p>What is your financial interest in providing these services?</p> <p>Please include both compensation and obligations, etc.</p>	<p>Please explain your financial interest and provide the dollar amount if you know it.</p> <p>Looking to Further my professional career in the linguistic field. (Scheduled to Retire 12/2026)</p> <p>To be compensated at a fair Market Rate for my services.</p>
Employee signature:	<i>Gerardo Spagnuolo</i>
APPROVAL BY COMMITTEE FOR PUBLIC COUNSEL SERVICES	
Name and title of CPCS employee giving approval	
Office phone	
Office e-mail	
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:	
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	<p>Michael Burrows</p> <p>Deputy Director - MBTA</p>
Office phone	617-222-4936
Office e-mail	Mburrows@MBTA.com
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> <p><i>[Signature]</i></p>
Date:	11/14/24

Attach additional pages if necessary.

File copy with:

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