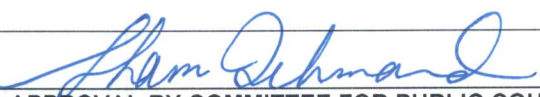




**DISCLOSURE BY STATE EMPLOYEE
OF A FINANCIAL INTEREST IN A CONTRACT TO PROVIDE SERVICES
FOR THE COMMITTEE FOR PUBLIC COUNSEL SERVICES
AS REQUIRED BY 930 CMR 6.06(2)**

	STATE EMPLOYEE INFORMATION
Name of state employee:	Sharon Dehmand
Title/ Position	Please provide information about your state employee position. Hearing Officer
Agency:	EOHHS Office Of Medicaid
Agency address:	100 Hancock Street, 6 th Floor Quincy, MA 02171
Office phone:	617-847-1200
Office e-mail:	<u>Sharon.Dehmand@mass.gov</u>
	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.	Private Counsel on the Appellate Panel accepting post-conviction cases.
If you are providing services through a company, please provide its name and address,	N/A
Who will pay you for your services?	<u> X </u> CPCS, directly. <u> </u> 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.	N/A

What is your financial interest in providing these services? Please include both compensation and obligations, etc.	Please explain your financial interest and provide the dollar amount if you know it. The hourly rate assigned by CPCS will be paid for any hours worked on assigned cases.
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:	March 11, 2025
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	Mary Lee Director, Office of Medicaid, BOH 100 Hancock Street Quincy, MA 02171
Office phone	(617) 847-1200
Office e-mail	Mary.Lee1@mass.gov
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:	March 10, 2025

Attach additional pages if necessary.

File copy with:

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