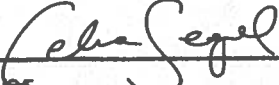


**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST  
IN A CONTRACT TO PROVIDE SOCIAL SERVICES  
PURSUANT TO 930 CMR 6.07**

RECEIVED  
STATE ETHICS COMMISSION  
2015 MAY 15 AM 10:41

<b>STATE EMPLOYEE INFORMATION</b>	
Name of state employee:	Whitney Duncan
Title/ Position:	Tele SANE Coordinator
Agency/Department:	MA SANE/ Department of Public Health
Agency Address:	250 Washington St. 4th Floor Boston MA 02108
Office phone:	781-626-3154
Office e-mail	whitdunc09@yahoo.com
<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>— 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>
3) Service to a person or persons	<p>✓ 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> <p>mass health / executive office of health &amp; human services</p>
Please describe the services you will provide.	<p>Please provide information about the type of personal or educational services you will provide. Please do not include the name of any individual who receives services.</p> <p>I will be working as a labor &amp; delivery nurse caring for patients &amp; their newborns at Boston medical center.</p>
What will you be paid, or what other financial interest will you have?	<p>Please include a dollar amount, if possible.</p> <p>Hourly rate of \$53.54 — per diem position</p>
Employee signature	Whitney Duncan
Date:	4/3/25
APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE	
Name and title of appointing authority	Randi Petricone SANE Associate Director
Office phone	781-915-7155
Office e-mail	randi.petricone@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> <p>Randi Petricone</p>
Date:	4/2/25

	<b>APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)</b>
<b>Name and title of person giving approval at the state agency that made the contract</b>	Celia Segel, Chief of Staff, MassHealth
<b>Office phone</b>	617-519-6273
<b>Office e-mail</b>	celia.s.segel@mass.gov
<b>Signature by person giving approval</b>	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. 
<b>Date:</b>	4/30/25

Attach additional pages if necessary.

File with:

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