

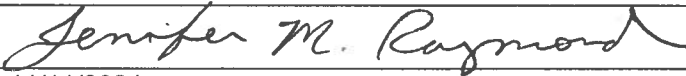
**DISCLOSURE BY SPECIAL STATE EMPLOYEE
OF FINANCIAL INTEREST IN A STATE CONTRACT
AS REQUIRED BY G. L. c. 268A, § 7(d)**

RECEIVED
STATE ETHICS COMMISSION

2024 DEC -2 AM 11:20

SPECIAL STATE EMPLOYEE INFORMATION	
Name of special state employee :	Jennifer M. Raymond
Put an X beside one statement.	<p>I am a special state employee because:</p> <p><input type="checkbox"/> I serve in a state position for which no compensation is provided.</p> <p><input type="checkbox"/> I am not an elected official, and I earned compensation for fewer than 800 hours in the preceding 365-day period.</p> <p><input checked="" type="checkbox"/> By the classification of my position by my state agency or by the terms of a contract or my conditions of employment, I am permitted to have personal or private employment during normal business hours.</p> <p><input type="checkbox"/> I work for a company or organization which 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 is contracting for my services in particular, and the contract states that I am a special state employee or indicates that I meet one of the three requirements listed above.</p>
Title/ Position	Part-time Faculty (adjunct)
Fill in this box if it applies to you.	If you are a special state employee because a state agency has contracted with your company or organization, please provide the name and address of the company or organization.
State Agency/ Department:	This is "my State Agency." Bridgewater State University
Agency Address:	131 Summer Street Bridgewater, MA 02325
Office phone:	508.531.1000 / 617-697-2017 (mobile)
Office e-mail:	Jennifer.raymond@bridgew.edu
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected
Starting date as a special state employee.	09/01/2006 Current Contract state date 09/01/2024
BOX # 1 Select either STATEMENT #1 or STATEMENT #2 .	<p>ELECTED SPECIAL STATE EMPLOYEE</p> <p>I am an elected special state employee.</p> <p><input type="checkbox"/> STATEMENT #1: I had a financial interest in a contract made by a state agency before I was elected to a compensated special state employee position. I will continue to have this financial interest in a state contract.</p> <p><input type="checkbox"/> STATEMENT #2: I will have a new financial interest in a contract made by a state agency.</p> <p>My financial interest in a contract made by a state agency is:</p>

Write an X by your financial interest.	<p><input type="checkbox"/> A compensated, non-elected position with a state agency.</p> <p><input type="checkbox"/> A contract between a state agency and myself.</p> <p><input type="checkbox"/> A financial benefit or obligation because of a contract that a state agency has with another person or with a company or organization.</p> <p><input type="checkbox"/> Other work because a state agency has a contract with my company or organization and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the state is contracting for my services in particular.</p>
<p>BOX #2</p> <p>Select either STATEMENT #1 or STATEMENT #2.</p> <p>Write an X by your financial interest.</p>	<p>NON-ELECTED SPECIAL STATE EMPLOYEE</p> <p>I am a non-elected special state employee (compensated or uncompensated).</p> <p><input type="checkbox"/> STATEMENT #1: I had a financial interest in a contract made by a state agency, other than an employment contract, before I took a non-elected, compensated special state employee position. I will continue to have this financial interest in a state contract.</p> <p>My financial interest in a contract made by a state agency is:</p> <p><input type="checkbox"/> A contract between a state agency and myself, but not an employment contract.</p> <p><input type="checkbox"/> A financial benefit or obligation because of a contract that a state agency has with another person or with a company or organization.</p> <p>OR</p> <p><input checked="" type="checkbox"/> STATEMENT #2: I will have a new financial interest in a contract made by a state agency.</p> <p>My financial interest in a contract made by a state agency is:</p> <p><input checked="" type="checkbox"/> A compensated, non-elected position with a state agency.</p> <p><input type="checkbox"/> A contract between a state agency and myself.</p> <p><input type="checkbox"/> A financial benefit or obligation because of a contract that a state agency has with another person or with a company or organization.</p> <p><input type="checkbox"/> Other work because a state agency has a contract with my company or organization and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the state is contracting for my services in particular.</p>
	<p>FINANCIAL INTEREST IN A STATE CONTRACT</p>
<p>Name and address of state agency that made the contract</p>	<p>This is the "contracting agency."</p> <p>Department of Public Health</p>
<p>Write an X to confirm this statement.</p>	<p><input checked="" type="checkbox"/> In my work as a special state employee for my State Agency, I do not participate in or have official responsibility for any of the activities of the contracting agency.</p>
<p>FILL IN THIS BOX OR THE NEXT BOX</p>	<p>ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AGENCY AND YOU.</p> <p>I have an employment contract with the Department of Public Health to work full-time as the Registrar of Vital Records and Statistics beginning on 11/12/2024.</p>
	<p>ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AGENCY AND ANOTHER PERSON OR ENTITY</p>

	<ul style="list-style-type: none"> - Please identify the person or entity that has the contract with the state agency. - What is your relationship to the person or entity? - What is the contract for?
What is your financial interest in the state contract?	- Employment with salary of \$132,501.20 on an annual basis
Date when you acquired the financial interest	Position begins 11/12/2024
What is the financial interest of your immediate family?	Not applicable
Date when your immediate family acquired the financial interest	Not applicable
Employee signature:	
Date:	11/11/2024

Attach additional pages if necessary.

File your completed, signed Disclosure with:
State Ethics Commission, One Ashburton Place, Room 619, Boston, MA 02108