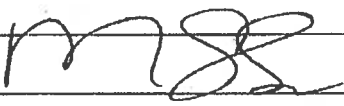


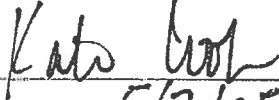
RECEIVED  
 DISCLOSURE BY SPECIAL STATE EMPLOYEE  
 OF FINANCIAL INTEREST IN A STATE CONTRACT  
 AS REQUIRED BY G. L. c. 268A(2)(b)  
 MAY 14 PM 1:03

<b>SPECIAL STATE EMPLOYEE INFORMATION</b>	
Name of special state employee:	Matthew Sosik
Put an X beside one statement.	<p>I am a <b>special state employee</b> because:</p> <p><input checked="" type="checkbox"/> I serve in a state position for which <b>no compensation</b> is provided.</p> <p><input type="checkbox"/> I am not an elected official, and I <b>earned compensation for fewer than 800 hours</b> in the preceding 365-day period.</p> <p><input 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 <b>permitted to have personal or private employment during normal business hours</b>.</p> <p><input type="checkbox"/> I work for a company or organization which has a contract with a state agency, I am a <b>"key employee"</b> because the contract names me or it is otherwise clear that the state is contracting for my services in particular, and the <b>contract states that I am a special state employee or indicates that I meet one of the three requirements listed above</b>.</p>
Title/ Position	Board Member of the Massachusetts Housing Partnership Fund Board ("MHP"). I have been appointed as a Board Member of MHP by the Governor of the Commonwealth as a banking industry representative to assist with the participation of the industry in expanding the availability of affordable housing in Massachusetts.
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:	<p>This is "my State Agency."</p> <p>Massachusetts Housing Partnership Fund Board</p>
Agency Address:	160 Federal Street, 2 <sup>nd</sup> Floor Boston, MA 02110
Office Phone:	617-330-9955
Office E-mail:	msosik@bankesb.com
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected
Starting date as a special state employee.	August 26, 2019
BOX # 1	<p><b>ELECTED SPECIAL STATE EMPLOYEE</b></p> <p>I am an elected special state employee.</p>

<p><b>Select either STATEMENT # 1 or STATEMENT # 2.</b></p> <p><b>Write an X by your financial interest.</b></p>	<p><input type="checkbox"/> <b>STATEMENT #1:</b> 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"/> <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 contract made by a state agency is:</b></p> <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><b>BOX # 2</b></p> <p><b>Select either STATEMENT # 1 or STATEMENT # 2.</b></p> <p><b>Write an X by your financial interest.</b></p>	<p><b>NON-ELECTED SPECIAL STATE EMPLOYEE</b></p> <p>I am a non-elected special state employee (compensated or uncompensated).</p> <p><input type="checkbox"/> <b>STATEMENT #1:</b> 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><b>My financial interest in a contract made by a state agency is:</b></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><b>OR</b></p> <p><input checked="" 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 contract made by a state agency is:</b></p> <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 checked="" 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><b>FINANCIAL INTEREST IN A STATE CONTRACT</b></p>
<p><b>Name and address of state agency that made the contract</b></p>	<p>This is the "contracting agency."</p> <p>Massachusetts Housing Partnership Fund Board 160 Federal Street, 2<sup>nd</sup> Floor Boston, MA 02110</p>
<p><b>Write an X to confirm this statement.</b></p>	<p><input checked="" type="checkbox"/> In my work as a special state employee for my State Agency, I participate in or have official responsibility for activities of the contracting agency.</p>
<p><b>FILL IN THIS BOX OR THE BOX</b></p>	<p><b>ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AGENCY AND YOU.</b></p> <p>- Please explain what the contract is for.</p>

<b>BELOW</b>	
<b>FILL IN THIS BOX OR THE BOX ABOVE</b>	<p><b>ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AGENCY AND ANOTHER PERSON OR ENTITY</b></p> <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>SEE ATTACHED ADDITIONAL PAGES.</p>
What is your financial interest?	<p>- Please explain the financial interest and include the dollar amount if you know it.</p> <p>SEE ATTACHED ADDITIONAL PAGES.</p>
Date when you acquired the financial interest	SEE ATTACHED ADDITIONAL PAGES.
What is the financial interest of your immediate family?	- Please explain the financial interest and include the dollar amount if you know it.
Date when your immediate family acquired the financial interest	
Employee signature:	
Date:	5/6/2025

**APPROVAL OF EXEMPTION BY THE GOVERNOR**

Governor's name:	Maura Healey (by Chief of Staff Kate Cook)
	<b>APPROVAL OF § 7(e) EXEMPTION</b>
	I have received a disclosure under G.L. c. 268A, § 7(e) from a special state employee who seeks to have a financial interest in a contract made by the state. I understand that the special state employee participates in, or has official responsibility for, activities of the state agency that made the contract. As Governor, I approve this exemption under § 7(e) regarding the financial interest identified by the state employee.
Governor's signature:	
Date:	5/7/25

Attach additional pages if necessary.

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

Form Revised February, 2012

**ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AGENCY AND ANOTHER PERSON OR ENTITY**

- 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?

I am the Chairman and Chief Executive Officer of Hometown Financial Group, Inc. ("Hometown Financial"). Hometown Financial anticipates entering into an agreement with MHP under the One Mortgage Program, MHP's first-time homebuyer program through which participating lenders provide loans to low- and moderate-income first-time homebuyers. Under the One Mortgage Program agreement, a participating lender like Hometown Financial agrees to originate loans under the program in conformity with MHP guidelines and MHP provides a subsidy to assist low- and moderate-income first-time homebuyers.

I will not participate in matters related to the One Mortgage Program for as long as Hometown Financial is a participant in the One Mortgage Program or MHP decisions to enter into any agreements with Hometown Financial. I will recuse myself from all conversations, correspondence and any negotiations between MHP and Hometown Financial pertaining to any such agreement and from all internal conversations and correspondence at MHP and/or Hometown Financial regarding any such agreement.

**What is your financial interest?**

- Please explain the financial interest and include the dollar amount if you know it.

As Chairman and Chief Executive Officer of Hometown Financial, my compensation includes potential cash incentive compensation based on achievement of performance targets for Hometown Financial. Any cash incentive compensation is based on the overall performance of Hometown Financial and not directly related to the Hometown Financial relationship with MHP, lending targets, volumes or other lending metrics.

To the extent Hometown Financial may compensate me with any net profits received by Hometown Financial as a result of agreements between Hometown Financial and MHP, I will have an indirect financial interest in such agreements. However, any such impact on my overall compensation is expected to be minimal. No part of my compensation is directly related to the agreements between Hometown Financial and MHP.

**Date when you acquired the financial interest**

MHP and Hometown Financial anticipate entering into an agreement under the One Mortgage Program in or about the second quarter of calendar year 2025.