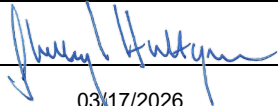


**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST IN A STATE CONTRACT
AND CERTIFICATION BY HEAD OF CONTRACTING AGENCY
AS REQUIRED BY G. L. c. 268A, § 7(b)**

	STATE EMPLOYEE INFORMATION
Name of state employee:	SHELLEY HULTGREN
Title/ Position	CE-II DISTRICT UTILITY & CONSTRUCTABILITY REVIEWER
Fill in this box if it applies to you.	If you are a state employee because a state agency has contracted with your company or organization, please provide the name and address of the company or organization.
Agency/ Department	MASS DOT - HIGHWAY DIVISION
Agency Address	10 PARK PLAZA BOSTON, MA 02116
Office phone:	857-292-9798
Office e-mail:	SHELLEY.E.HULTGREN@DOT.STATE.MA.US
	Check one: ☐ Elected or ☒ Non-elected
Starting date as a state employee.	November 7, 2022
BOX # 1 Select either STATEMENT #1 or STATEMENT #2. Write an X beside your financial interest.	ELECTED, COMPENSATED STATE EMPLOYEE I am an elected, compensated state employee , other than a state Senator or a state Representative. ☐ STATEMENT #1: I had one of the following financial interests in a contract made by a state agency before I was elected to my compensated state employee position. I will continue to have this financial interest in a state contract. OR ☐ STATEMENT #2: I will have a new financial interest in a contract made by a state agency. My financial interest in a state contract is: ☐ I have a non-elected, compensated state employee position. ☐ A state agency has a contract with me. ☐ I have a financial benefit or obligation because of a contract that a state agency has with another person or an entity, such as a company or organization. ☐ I work for a company or organization that 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 has contracted for my services in particular.
BOX # 2 Select either STATEMENT #1 or STATEMENT #2.	NON-ELECTED, COMPENSATED STATE EMPLOYEE I am a non-elected, compensated state employee . ☐ STATEMENT # 1: I had one of the following financial interests in a contract made by a state agency before I took a position as a non-elected state employee. I will continue to have this financial interest in a state contract.

Write an X beside your financial interest.	My financial interest in a state contract is: _____ A state agency has a contract with me, but not an employment contract. _____ I have a financial benefit or obligation because of a contract that a state agency has with another person or an entity, such as a company or organization. -- OR -- _____ STATEMENT # 2: I will have a new financial interest in a contract made by a state agency. My financial interest in a state contract is: _____ I have a non-elected, compensated state employee position. _____ A state agency has a contract with me. ☒ I have a financial benefit or obligation because of a contract that a state agency has with another person or an entity, such as a company or organization. _____ I work for a company or organization that 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 has contracted for my services in particular.
FINANCIAL INTEREST IN A STATE CONTRACT	
Name and address of state agency that made the contract	Massachusetts Department of Public Health 250 Washington Street Boston, MA 02108
Please put in an X to confirm these facts.	"My State Agency" is the state agency that I serve as a state employee. The "contracting agency" is the state agency that made the contract. ☒ My State Agency is not the contracting agency. ☒ My State Agency does not regulate the activities of the contracting agency. ☒ In my work for my State Agency, I do not participate in or have official responsibility for any of the activities of the contracting agency. ☒ The contract was made after public notice or through competitive bidding.
FILL IN THIS BOX OR THE BOX BELOW	ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND YOU. - Please explain what the contract is for.
FILL IN THIS BOX OR THE BOX ABOVE	ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE 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? LEICESTER REGIONAL PUBLIC HEALTH COALITION CONTRACTED TITLE 5 HEALTH AGENT TITLE 5 CONSULTING SERVICES

What is your financial interest In the state contract?	- Please explain the financial interest and include the dollar amount if you know it. In the Towns of Leicester and Brookfield, my consulting position is partially funded by a DPH Public Health Excellence Grant as well as municipal fee-based services.
Date when you acquired a financial interest	March 2021
What is the financial interest of your immediate family?	- Please explain the financial interest and include the dollar amount if you know it. NONE
Date when your immediate family acquired a financial interest	N/A
Write an X to confirm each statement.	FOR A CONTRACT FOR PERSONAL SERVICES – Answer the questions in this box ONLY if you will have a contract for personal services with a state agency (i.e., you will do work directly for the contracting agency). I will have a contract with a state agency to provide personal services. ☐ The services will be provided outside my normal working hours as a state employee. ☐ The services are not required as part of my regular duties as a state employee. ☐ For these services, I will be compensated for not more than 500 hours during a calendar year.
Employee signature:	
Date:	03/17/2026

Attach additional pages if necessary.

NOT A PERSONAL SERVICES CONTRACT -- File disclosure with:

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

SEE CERTIFICATION REQUIRED FOR PERSONAL SERVICES POSITIONS, BELOW.

FOR CONTRACTS FOR PERSONAL SERVICES ONLY:

If you are reporting a financial interest in a contract for personal services with a state agency, then in addition to completing the disclosure above, you also must file the certificate below signed by the head of the contracting agency.

CERTIFICATION BY HEAD OF CONTRACTING AGENCY

	INFORMATION ABOUT HEAD OF CONTRACTING AGENCY
Name:	
Title/ Position	
State Agency:	
Agency Address:	
Office Phone:	
	CERTIFICATION
	I have received a disclosure under G.L. c. 268A, § 7(b) from a state employee who seeks to provide personal services to my state agency, identified above. I certify that no employee of my agency is available to perform the services described above as part of his or her regular duties.
Signature:	
Date:	

Attach additional pages if necessary.

File disclosure and certification with:

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