

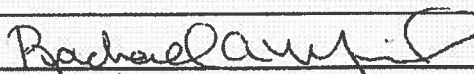
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STATE ETHICS COMMISSION

**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)**

|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <b>STATE EMPLOYEE INFORMATION</b>                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Name of state employee:                                    | Rachael A. Michaud                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Title/ Position                                            | Deputy General Counsel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 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                                         | Sex Offender Registry Board                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Agency Address                                             | PO Box 392<br>North Billerica, MA 01862                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Office phone:                                              | (781) 382-4668                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Office e-mail:                                             | Rachael.Michaud@mass.gov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                            | Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Starting date as a state employee.                         | June 24, 2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>BOX # 1</b>                                             | <b>ELECTED, COMPENSATED STATE EMPLOYEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Select either <b>STATEMENT #1</b> or <b>STATEMENT #2</b> . | I am an elected, compensated state employee, other than a state Senator or a state Representative.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Write an X beside your financial interest.                 | <p><input type="checkbox"/> <b>STATEMENT #1:</b> 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</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>My financial interest in a state contract is:</p> <p><input type="checkbox"/> I have a non-elected, compensated state employee position.</p> <p><input type="checkbox"/> A state agency has a contract with me.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> |
| <b>BOX # 2</b>                                             | <b>NON-ELECTED, COMPENSATED STATE EMPLOYEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Select either <b>STATEMENT #1</b> or <b>STATEMENT #2</b> . | I am a non-elected, compensated state employee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                            | <p><input type="checkbox"/> <b>STATEMENT #1:</b> 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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

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| <p><b>Write an X beside your financial interest.</b></p>              | <p><b>My financial interest in a state contract is:</b></p> <p><input type="checkbox"/> A state agency has a contract with me, but not an employment contract.</p> <p><input type="checkbox"/> 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.</p> <p><b>-- OR --</b></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 state contract is:</b></p> <p><input checked="" type="checkbox"/> I have a non-elected, compensated state employee position.</p> <p><input type="checkbox"/> A state agency has a contract with me.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> |
| <p align="center"><b>FINANCIAL INTEREST IN A STATE CONTRACT</b></p>   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>Name and address of state agency that made the contract</b></p> | <p>Board of Bar Examiners<br/>John Adams Courthouse<br/>One Pemberton Square<br/>Suite 5-140<br/>Boston, MA 02108</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b>Please put in an X to confirm these facts.</b></p>              | <p><b>"My State Agency" is the state agency that I serve as a state employee.</b></p> <p><b>The "contracting agency" is the state agency that made the contract.</b></p> <p><input checked="" type="checkbox"/> My State Agency is not the contracting agency.</p> <p><input checked="" type="checkbox"/> My State Agency does not regulate the activities of the contracting agency.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> The contract was made after public notice or through competitive bidding.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>FILL IN THIS BOX OR THE BOX BELOW</b></p>                       | <p><b>ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND YOU.</b></p> <p>- Please explain what the contract is for.</p> <p>Grading Bar Examinations as needed.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p><b>FILL IN THIS BOX OR THE BOX ABOVE</b></p>                       | <p><b>ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND ANOTHER PERSON OR ENTITY.</b></p> <p>- Please identify the person or entity that has the contract with the state agency.</p> <p>- What is your relationship to the person or entity?</p> <p>- What is the contract for?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What is your financial interest in the state contract?        | <p>- Please explain the financial interest and include the dollar amount if you know it.</p> <p>Personal services contract, grading bar examinations for February and July examination periods as needed. February 2025 paid \$50/hr for 49 hours. July 2025 paid \$50/hr for 112 hours. February 2026 paid \$55/hr for 49 hours.</p>                                                                                                                                                                                                                                                                                                                                                                                           |
| Date when you acquired a financial interest                   | February 2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 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 a financial interest |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Write an X to confirm each statement.                         | <p><b>FOR A CONTRACT FOR PERSONAL SERVICES --</b></p> <p>Answer the questions in this box <b>ONLY</b> if you will have a contract for personal services with a state agency (i.e., you will do work directly for the contracting agency).</p> <p>I will have a contract with a state agency to provide personal services.</p> <p><input checked="" type="checkbox"/> The services will be provided outside my normal working hours as a state employee.</p> <p><input checked="" type="checkbox"/> The services are not required as part of my regular duties as a state employee.</p> <p><input checked="" type="checkbox"/> For these services, I will be compensated for not more than 500 hours during a calendar year.</p> |
| Employee signature:                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Date:                                                         | 4/9/26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

Attach additional pages if necessary.

**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**

|                 |                                                                                                                                                                                                                                                                                               |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                 | <b>INFORMATION ABOUT HEAD OF CONTRACTING AGENCY</b>                                                                                                                                                                                                                                           |
| Name:           | Kandace Kukas                                                                                                                                                                                                                                                                                 |
| Title/ Position | Executive Director                                                                                                                                                                                                                                                                            |
| State Agency:   | Board of Bar Examiners                                                                                                                                                                                                                                                                        |
| Agency Address: | John Adams Courthouse<br>One Pemberton Square<br>Suite 5-140<br>Boston, MA 02108                                                                                                                                                                                                              |
| Office Phone:   | (617) 482-4466                                                                                                                                                                                                                                                                                |
|                 | <b>CERTIFICATION</b>                                                                                                                                                                                                                                                                          |
|                 | 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:           | 4/13/06                                                                                                                                                                                                                                                                                       |

Attach additional pages if necessary.

File disclosure and certification with:

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