

**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:	Jason Michael DeLappe
Title/ Position	Reintegration Counselor
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	Plymouth County Sheriff's Office
Agency Address	24 Long Pond Rd. Plymouth MA 02360
Office phone:	508 830 6200
Office e-mail:	N/A
	Check one: ☐ Elected or ☒ Non-elected
Starting date as a state employee.	
BOX # 1	ELECTED, COMPENSATED STATE EMPLOYEE
Select either STATEMENT #1 or STATEMENT #2.	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.
Write an X beside your financial interest.	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	NON-ELECTED, COMPENSATED STATE EMPLOYEE
Select either STATEMENT #1 or STATEMENT #2.	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.

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What is your financial interest in the state contract? <i>Amount HR Days wk</i>	- Please explain the financial interest and include the dollar amount if you know it. <i>\$19 hr 2 days week total 16 hr</i>
Date when you acquired a financial interest <i>start pt</i>	<i>5/9/26</i>
What is the financial interest of your immediate family? <i>Blank</i>	- 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.	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:	<i>5/5/26</i>

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**