

**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:	Lister M. Lacen
Title/ Position	Human Service Coordinator I
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	Department of Developmental Services
Agency Address	1 Federal St. Building 111-2 Springfield, MA 01105
Office phone:	413-784-1339
Office e-mail:	lister.lacen@mass.gov
	Check one: ☐ Elected or ☒ Non-elected
Starting date as a state employee.	12/16/2007
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. Write an X	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. My financial interest in a state contract is:

beside your financial interest.	☐ 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	MassHealth 100 Hancock St. 1st Fl. Quincy, MA 02171
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? Rise Behavioral Health 150 Front St. West Springfield, MA 01085 (413) 657-1917 Behavior Technician – under ABA Dept.
What is your financial interest in the state contract?	- Please explain the financial interest and include the dollar amount if you know it. The DDS state employee (Lister M. Lacen) is disclosing a part-time position as a Behavior Technician with Rise Behavioral Health.

	The hours and compensation for the position are 12.5 hours per week at \$21.50 per hour (\$268.75 per week).
Date when you acquired a financial interest	3/23/2026
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.	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:	6/30/2026 (amended form for initial submission on 4/9/2026)

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**