

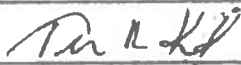
**DISCLOSURE BY SPECIAL STATE EMPLOYEE
OF FINANCIAL INTEREST IN A STATE CONTRACT
AS REQUIRED BY G. L. c. 268A, § 7(d)**

RECEIVED

2011 AUG -3 11:12:10

SPECIAL STATE EMPLOYEE INFORMATION	
Name of special state employee:	Thomas R. Kiley
Put an X beside one statement.	I am a special state employee because: ☐ I serve in a state position for which no compensation is provided. ☐ I am not an elected official, and I earned compensation for fewer than 800 hours in the preceding 365-day period. ☐ By the classification of my position by my state agency or by the terms of a contract or my conditions of employment, I am permitted to have personal or private employment during normal business hours. ☒ I work for a company or organization which 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 is contracting for my services in particular, and the contract states that I am a special state employee or indicates that I meet one of the three requirements listed above.
Title/ Position	Counsel
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. CEK Boston, P.C.
State Agency/ Department:	This is "my State Agency." House of Representatives (Office of General Counsel)
Agency Address:	State House, Room 139
Office phone:	617-722-2360
Office e-mail:	james.kennedy@mahouse.gov
	Check one: ☐ Elected or ☒ Non-elected
Starting date as a special state employee.	January 6, 2025
BOX # 1	ELECTED SPECIAL STATE EMPLOYEE
Select either STATEMENT #1 or STATEMENT #2 .	I am an elected special state employee. ☐ STATEMENT #1: 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. ☐ STATEMENT #2: I will have a new financial interest in a contract made by a state agency.

Write an X by your financial interest.	My financial interest in a contract made by a state agency is: ☐ A compensated, non-elected position with a state agency. ☐ A contract between a state agency and myself. ☐ A financial benefit or obligation because of a contract that a state agency has with another person or with a company or organization. ☐ 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.
BOX #2 Select either STATEMENT #1 or STATEMENT #2. Write an X by your financial interest.	NON-ELECTED SPECIAL STATE EMPLOYEE I am a non-elected special state employee (compensated or uncompensated). ☐ STATEMENT #1: 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. My financial interest in a contract made by a state agency is: ☐ A contract between a state agency and myself, but not an employment contract. ☐ A financial benefit or obligation because of a contract that a state agency has with another person or with 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 contract made by a state agency is: ☐ A compensated, non-elected position with a state agency. ☐ A contract between a state agency and myself. ☐ A financial benefit or obligation because of a contract that a state agency has with another person or with a company or organization. ☒ 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.
Name and address of state agency that made the contract	FINANCIAL INTEREST IN A STATE CONTRACT This is the "contracting agency." District Attorney's Office for Norfolk County 45 Shawmut Road, Canton, MA 02021 District Attorney's Office for Middle District Courthouse G301, 225 Main Street, Worcester MA 01608
Write an X to confirm this statement.	☒ In my work as a special state employee for my State Agency, I do not participate in or have official responsibility for any of the activities of the contracting agency.
FILL IN THIS BOX OR THE NEXT BOX	ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AGENCY AND YOU. • Please explain what the contract is for. Representation of Assistant District Attorneys with respect to Bar Counsel inquiries.

	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?
What is your financial interest in the state contract?	- Please explain the financial interest and include the dollar amount if you know it. I receive a weekly paycheck from CEK Boston, P.C. and can otherwise draw down corporate profits.
Date when you acquired the financial interest	July 1, 2026
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 the financial interest	None
Employee signature:	
Date:	July 24, 2026

Attach additional pages if necessary.

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

COMMONWEALTH OF MASSACHUSETTS | STANDARD CONTRACT FORM



This form is jointly issued and published by the Office of the Comptroller, the Executive Office for Administration and Finance, and the Operational Services Division as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions and Contractor Certifications the Commonwealth Terms and Conditions, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access forms at https://www.macomptroller.org/forms Or https://www.mass.gov/lists/osd-forms		Should this form workflow to the Office of the Comptroller? YES X NO	
CONTRACTOR INFORMATION Contractor Legal Name CEK Boston P.C.		COMMONWEALTH INFORMATION Department Norfolk District Attorney's Office	
d/b/a		Mosaic Department Code NFK	
Legal Address As entered on Form W-9 or Form W-4 1 International Place Suite 1820, Boston, MA 02110		Department Contract Manager Kathryn Regan	
Business Mailing Address 45 Shawmut Road Canton, MA 02021		Billing Address If Different	
Contract Manager Name Thomas R. Kiley		Phone 781-830-4800	
Phone 617-439-7775	Email bpylypink@ceklaw.net	Email kathryn.regan@mass.gov	
Fax 781-830-4801		Fax 781-830-4801	
Vendor Code VC0001125678		Mosaic Transaction ID(s) 07292600000attorneys	
Vendor Code Address ID e.g. "AD001". Note: The Address ID must be set up for Electronic Funds Transfer (EFT) payments. AD001		RFR/Procurement or Other ID Number CTNFK080007292600000attorneys	

☒ NEW CONTRACT		CONTRACT AMENDMENT			
Procurement or Exception Type (Check one option only) Statewide Contract (OSD or an OSD-designated department.) Collective Purchase (Attach OSD approval, scope, and budget.) ☒ Department Procurement - Includes all Grants 815 CMR 2.00 (Attach Solicitation Notice or RFR, and Response or other procurement supporting documentation.) Emergency Contract (Attach justification for emergency, scope, and budget.) Contract Employee (Attach Employee Status Form, scope, and budget.) Interim Contract with new Contractor (Attach justification for Interim Contract and updated scope/budget.) Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope, and budget.)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Current Contract End Date PRIOR to Amendment </td> <td style="width: 50%; vertical-align: top;"> Amendment Amount Or Enter "No Change" </td> </tr> </table>		Current Contract End Date PRIOR to Amendment	Amendment Amount Or Enter "No Change"
Current Contract End Date PRIOR to Amendment	Amendment Amount Or Enter "No Change"				
		Amendment Type (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope, or Budget (Attach updated scope and budget.) Interim Contract with Current Contractor (Attach justification for Interim Contract and updated scope/budget.) Contract Employee (Attach any updates to scope or budget.) Other Procurement Exception (Attach authorizing language/justification and updated scope/budget.)			
TERMS AND CONDITIONS					
The Standard Contract Form Instructions and Contractor Certifications and the following document are incorporated by reference into this Contract and are legally binding (Check ONE option): ☒ Commonwealth Terms and Conditions Commonwealth Terms and Conditions for Human and Social Services Commonwealth IT Terms and Conditions					
COMPENSATION (Check ONE option.)					
The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation). (Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) ☒ Maximum Obligation Contract. Total maximum obligation for total duration of this contract (or new total if contract is being amended): 10,000.00					
PROMPT PAYMENT DISCOUNTS (PPD)					
Commonwealth payments are issued through Electronic Funds Transfer (EFT) 45 days from invoice receipt. See Prompt Payment Discounts Policy Check if Contractor is requesting accelerated payments and identify a PPD as follows:					
Payment issued within: 10 days	% PPD	Payment issued within: 20 days	% PPD		
Payment issued within: 15 days	% PPD	Payment issued within: 30 days	% PPD		
Check if PPD percentages are left blank and identify reason: Statutory/legal Ready Payments (M.G.L. c. 29, § 23A) ☒ Agree to standard 45-day cycle Only initial payment (Subsequent payments scheduled to support standard EFT 45-day payment cycle).					
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT					
Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications. Special Assistant District Attorney Services with the Norfolk District Attorney's Office. (Pertaining to BBO complaints). Attorney Kiley Rate \$350 per hour & \$300 per hour for associates.					
SUPPLIER DIVERSITY PROGRAM (SDP) PLAN					
Does the Supplier Diversity Program apply?					
☐ YES If YES, the Contractor's annual SDP commitment for this Contract is ☒ NO If NO, and the department is an Executive Department, enter the appropriate exemption: n/a					

ANTICIPATED START DATE (Complete ONE option only.)	
The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:	
1. may be incurred as of the Effective Date (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. 2. may be incurred as of _____, a date <u>LATER</u> than the Effective Date below and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. X 3. were incurred as of <u>07/01/2026</u>, a date <u>PRIOR</u> to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.	
CONTRACT END DATE	
Contract performance shall terminate as of <u>06/30/2027</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.	
CERTIFICATIONS	
Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR Signature and date must be captured at time of signature.	AUTHORIZING SIGNATURE FOR THE COMMONWEALTH Signature and date must be captured at time of signature.
Signature Signed by: 04AA31FD2F74438	Signature
Date 7/24/2026	Date
Print Name Thomas Kiley	Print Name
Print Title Principal	Print Title



Attachment A
FY2027

Invoice Requirements for All Contracts
Norfolk District Attorney
July 1, 2026 to June 30, 2027

- Please sign and date all invoices, and include the following signature language:

“Signed under penalty of perjury, this invoice is a true and accurate reflection of the hours I have worked on the dates listed above.”

- Scanned, signed copies of invoices may be sent electronically; however, the original, signed invoice must also be sent by U.S. mail before payment can be made. Please send original invoices to:

In Process
Debra Leahy
Office of the Norfolk District Attorney
45 Shawmut Road, 2nd Flr
Canton, MA 02021

- Invoices should indicate the case name, dates and hours worked.
- Invoices must be submitted monthly, within 30 days for services performed the previous month (see below for June 2027).
- Invoices for June 2027 services provided to date must be submitted by June 15, 2027, along with an estimate of the costs of services to be provided from June 16 to June 30, 2027.

Certificate Of Completion

Envelope Id: 8FF8509B-3043-4DD7-B2A8-ACAE75954238
 Subject: DocuSign: Initiate Standard Contract Form for Thonias Kiley
 Document Type: SCF
 Source Envelope:
 Document Pages: 4
 Certificate Pages: 2
 AutoNav: Enabled
 EnvelopeId Stamping: Enabled
 Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Sent

Envelope Originator:
 Massachusetts Office of the Comptroller
 1 Ashburton Place 9th Floor
 Boston, MA 02108
 CTR.DocuSign.SCF@mass.gov
 IP Address: 170.63.193.131

Record Tracking

Status: Original
 7/23/2026 9:29:06 AM
 Security Appliance Status: Connected

Holder: Massachusetts Office of the Comptroller
 CTR.DocuSign.SCF@mass.gov
 Pool: StateLocal

Location: DocuSign

Signer Events

Debra Leahy
 debra.leahy@mass.gov
 Security Level:
 DocuSign.email
 ID: 1
 7/23/2026 9:29:11 AM

Signature

Completed

Using IP Address: 170.63.193.141

Timestamp

Sent: 7/23/2026 9:29:10 AM
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 Signed: 7/23/2026 9:32:15 AM

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Kathryn Regan
 Kathryn.Regan@mass.gov
 Chief Fiscal Officer
 Security Level: Email, Account Authentication
 (Optional)

Completed

Using IP Address: 170.63.193.135

Sent: 7/23/2026 9:32:19 AM
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 Signed: 7/23/2026 11:44:59 AM

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Thomas Kiley
 bpylypink@cklaw.net
 Principal

Security Level: Email, Account Authentication
 (Optional)

Signed by:
 04AA31FD2F74438

Signature Adoption: Uploaded Signature Image
 Using IP Address: 75.144.202.217

Sent: 7/23/2026 11:45:01 AM
 Viewed: 7/24/2026 7:03:11 AM
 Signed: 7/24/2026 12:07:41 PM

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Margaret Krippendorf
 margaret.krippendorf@mass.gov
 Security Level: Email, Account Authentication
 (Optional)

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Sent: 7/24/2026 12:07:44 PM

Debra Leahy
 debra.leahy@mass.gov
 Security Level: Email, Account Authentication
 (Optional)

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Debra Leahy debra.leahy@mass.gov Fiscal Affairs Security Level: Email, Account Authentication (Optional) Electronic Record and Signature Disclosure: Not Offered via DocuSign CTR Contracts Team CTRDIGITALCONTRACTS@mass.gov Security Level: Email, Account Authentication (Optional) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 7/23/2026 9:32:18 AM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	7/23/2026 9:29:10 AM
Envelope Updated	Security Checked	7/23/2026 9:32:15 AM
Payment Events	Status	Timestamps