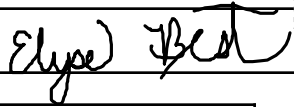
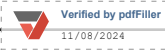


**DISCLOSURE BY SPECIAL MUNICIPAL EMPLOYEE  
OF FINANCIAL INTEREST IN A MUNICIPAL CONTRACT  
AS REQUIRED BY G. L. c. 268A, § 20(d)**

<b>SPECIAL MUNICIPAL EMPLOYEE INFORMATION</b>	
<b>Name of special municipal employee:</b>	Elyse Best
Put an X beside one statement.	<p>I am a <b>special municipal employee</b> because:</p> <p><input type="checkbox"/> I am a selectman in a town with a population of 10,000 or fewer people;</p> <p><input checked="" type="checkbox"/> I am not a mayor, alderman or city councilor, and</p> <p><input checked="" type="checkbox"/> I serve in a municipal position for which <b>no compensation</b> is provided, or</p> <p><input type="checkbox"/> I earned <b>compensation for fewer than 800 hours</b> in the preceding 365-day period, or</p> <p><input type="checkbox"/> By the classification of my position by my municipal agency or by the terms of a contract or my conditions of employment, I am <b>permitted to have personal or private employment during normal business hours</b>.</p> <p><input type="checkbox"/> I work for a company or organization which has a contract with a municipal agency, and I am a <b>"key employee"</b> because the contract identifies me by name or it is otherwise clear that the municipal is contracting for my services in particular, and the <b>contract states that I am a special municipal employee or indicates that I meet one of the three requirements listed above</b>.</p>
<b>Title/ Position</b>	Commissioner - Somerville Human Rights Commission
<b>Fill in this box if it applies to you.</b>	If you are a special municipal employee because a municipal agency has contracted with your company or organization, please provide the name and address of the company or organization.
<b>Municipal Agency/ Department:</b>	<b>This is "my Municipal Agency."</b> City of Somerville
<b>Agency Address:</b>	93 Highland Avenue
<b>Office phone:</b>	857-274-2719
<b>Office e-mail:</b>	Isaulters@somervillema.gov
	<b>Check one:</b> <input type="checkbox"/> Elected            or <input checked="" type="checkbox"/> Non-elected
<b>Starting date as a special municipal employee.</b>	February 14, 2024

<p><b>BOX # 1</b></p> <p>Select either <b>STATEMENT #1</b> or <b>STATEMENT #2</b>.</p> <p><b>Write an X by your financial interest.</b></p>	<p><b>ELECTED SPECIAL MUNICIPAL EMPLOYEE</b></p> <p>I am an <b>elected special municipal employee</b>.</p> <p><input type="checkbox"/> <b>STATEMENT #1:</b> I had a financial interest in a contract made by a municipal agency <b>before</b> I was elected to a compensated special municipal employee position. I will continue to have this financial interest in a municipal contract.</p> <p><input type="checkbox"/> <b>STATEMENT #2:</b> I will have a <b>new</b> financial interest in a contract made by a municipal agency.</p> <p><b>My financial interest in a contract made by a municipal agency is:</b></p> <p><input type="checkbox"/> A compensated, non-elected position with a municipal agency.</p> <p><input type="checkbox"/> A contract between a municipal agency and myself.</p> <p><input type="checkbox"/> A financial benefit or obligation because of a contract that a municipal agency has with another person or with a company or organization.</p> <p><input type="checkbox"/> Other work because a municipal 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 municipal is contracting for my services in particular.</p>
<p><b>BOX #2</b></p> <p>Select either <b>STATEMENT #1</b> or <b>STATEMENT #2</b>.</p> <p><b>Write an X by your financial interest.</b></p>	<p><b>NON-ELECTED SPECIAL MUNICIPAL EMPLOYEE</b></p> <p>I am a <b>non-elected special municipal employee</b> (compensated or uncompensated).</p> <p><input type="checkbox"/> <b>STATEMENT #1:</b> I had a financial interest in a contract made by a municipal agency, other than an employment contract, <b>before</b> I took a non-elected, compensated special municipal employee position. I will continue to have this financial interest in a municipal contract.</p> <p><b>My financial interest in a contract made by a municipal agency is:</b></p> <p><input type="checkbox"/> A contract between a municipal agency and myself, but not an employment contract.</p> <p><input type="checkbox"/> A financial benefit or obligation because of a contract that a municipal agency has with another person or with a company or organization.</p> <p><b>OR</b></p> <p><input checked="" type="checkbox"/> <b>STATEMENT #2:</b> I will have a <b>new</b> financial interest in a contract made by a municipal agency.</p> <p><b>My financial interest in a contract made by a municipal agency is:</b></p> <p><input checked="" type="checkbox"/> A compensated, non-elected position with a municipal agency.</p> <p><input type="checkbox"/> A contract between a municipal agency and myself.</p> <p><input type="checkbox"/> A financial benefit or obligation because of a contract that a municipal agency has with another person or with a company or organization.</p> <p><input type="checkbox"/> Other work because a municipal 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 municipal is contracting for my services in particular.</p>
<p>Name and address of municipal agency that made the contract</p>	<p><b>FINANCIAL INTEREST IN A MUNICIPAL CONTRACT</b></p> <p>This is the "contracting agency."</p> <p>City of Somerville</p>
<p>Write an X to confirm this statement.</p>	<p><input checked="" type="checkbox"/> In my work as a special municipal employee for my Municipal Agency, <b>I participate in or have official responsibility for activities of the contracting agency.</b></p>

<b>FILL IN THIS BOX OR THE NEXT BOX</b>	<b>ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE MUNICIPAL AGENCY AND YOU.</b> - Please explain what the contract is for. To serve on the ADA ( Americans with Disabilities Act) Transition Plan Task Force and work with City staff and other stakeholders to formulate recommendations to the ADA Transition Plan.
	<b>ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE MUNICIPAL AGENCY AND ANOTHER PERSON OR ENTITY</b> - Please identify the person or entity that has the contract with the municipal agency. - What is your relationship to the person or entity? - What is the contract for?  N/A
What is your financial interest in the municipal contract?	- Please explain the financial interest and include the dollar amount if you know it.  Compensated member of the ADA Task Force, \$2,400.
Date when you acquired the financial interest	To be determined.
What is the financial interest of your immediate family?	- Please explain the financial interest and include the dollar amount if you know it.  N/A
Date when your immediate family acquired the financial interest	N/A
Employee signature:	 
Date:	<input data-bbox="414 1543 682 1575" type="text" value="November 8, 2024"/>

**SEE NEXT PAGE FOR APPROVAL  
 BY CITY COUNCIL, BOARD OF ALDERMEN,  
 BOARD OF SELECTMEN. TOWN COUNCIL,  
 OR DISTRICT PRUDENTIAL COMMITTEE**



**APPROVAL OF EXEMPTION  
BY THE CITY COUNCIL, BOARD OF ALDERMEN, BOARD OF SELECTMEN,  
TOWN COUNCIL OR DISTRICT PRUDENTIAL COMMITTEE**

Name:	
Name of approving body:  <b>Write an X by one selection.</b>	<input type="checkbox"/> <b>City Council</b> <input type="checkbox"/> <b>Board of Aldermen</b> <input type="checkbox"/> <b>Board of Selectmen</b> <input type="checkbox"/> <b>Town Council</b> <input type="checkbox"/> <b>District Prudential Committee</b>
Title/ Position	
Agency Address:	
Office phone:	
<b>APPROVAL OF § 20(d) EXEMPTION</b>	
	We have received a disclosure under G.L. c. 268A, § 20(d) from a special municipal employee who seeks to have a financial interest in a contract made by a municipal agency of this city or town. We understand that the special municipal employee participates in, or has official responsibility for, activities of the municipal agency that made the contract. We approve this exemption under § 20(d) regarding the financial interest identified by the special municipal employee.
Signature:	On behalf of the Council, Board or Committee identified above, I sign this approval.
Date:	

**Attach additional pages if necessary.**

**File your completed, signed, approved Disclosure with the city or town clerk.**