

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

MUNICIPAL EMPLOYEE INFORMATION	
Name of municipal employee:	Brandon Lafee
Title/ Position	AIM Para Professional - Somerville Public Schools (Winter Hill)
Fill in this box if it applies to you.	If you are a municipal employee because a municipal agency has contracted with your company or organization, please provide the name and address of the company or organization.
Agency/ Department	Somerville Public Schools
Agency Address	Bonair Street Somerville MA 02145
Office phone:	617-629-5680
Office e-mail:	blafee@k12.somerville.ma.us
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected
Starting date as a municipal employee.	
<b>BOX # 1</b>  Select either <b>STATEMENT #1</b> or <b>STATEMENT #2</b> .  Write an X beside your financial interest.	<p><b>ELECTED MUNICIPAL EMPLOYEE</b></p> <p>I am an elected municipal employee.</p> <p><input type="checkbox"/> <b>STATEMENT #1:</b> I had one of the following financial interests in a contract made by a municipal agency before I was elected to my municipal employee position. I will continue to have this financial interest in a municipal contract. <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 municipal agency.</p> <p><b>My financial interest in a municipal contract is:</b></p> <p><input type="checkbox"/> I have a non-elected, compensated municipal employee position.</p> <p><input checked="" type="checkbox"/> A municipal agency has a contract with me.</p> <p><input type="checkbox"/> I have a financial benefit or obligation because of a contract that a municipal 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 municipal agency, and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the city or town has contracted for my services in particular.</p>
<b>BOX # 2</b>  Select either <b>STATEMENT #1</b> or <b>STATEMENT #2</b> .	<p><b>NON-ELECTED, COMPENSATED MUNICIPAL EMPLOYEE</b></p> <p>I am a non-elected municipal employee.</p> <p><input type="checkbox"/> <b>STATEMENT # 1:</b> I had one of the following financial interests in a contract made by a municipal agency before I took a position as a non-elected municipal employee. I will continue to have this financial interest in a municipal contract.</p>

CITY CLERK'S OFFICE  
 SOMERVILLE, MA  
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<p><b>Write an X beside your financial interest.</b></p>	<p><b>My financial interest in a municipal contract is:</b></p> <p><input type="checkbox"/> A municipal 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 municipal agency has with another person or an entity, such as a company or organization.</p> <p>-- OR --</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 municipal contract is:</b></p> <p><input checked="" type="checkbox"/> I have a non-elected, compensated municipal employee position.</p> <p><input type="checkbox"/> A municipal agency has a contract with me.</p> <p><input type="checkbox"/> I have a financial benefit or obligation because of a contract that a municipal 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 municipal agency, and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the city or town has contracted for my services in particular.</p>
<p><b>FINANCIAL INTEREST IN A MUNICIPAL CONTRACT</b></p>	
<p>Name and address of municipal agency that made the contract</p>	<p>SOMERVILLE Parks and Recreation Department  167 Holland Street Room 205  Somerville, MA, 02144</p>
<p><b>Please put in an X to confirm these facts.</b></p>	<p>"My Municipal Agency" is the municipal agency that I serve as a municipal employee.</p> <p>The "contracting agency" is the municipal agency that made the contract.</p> <p><input checked="" type="checkbox"/> My Municipal Agency is not the contracting agency.</p> <p><input checked="" type="checkbox"/> My Municipal Agency does not regulate the activities of the contracting agency.</p> <p><input checked="" type="checkbox"/> In my work for my Municipal 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 CITY OR TOWN AND YOU.</b></p> <p>- Please explain what the contract is for.</p> <p>part time Program Specialist. Hours will not overlap with my position with Somerville Public Schools,</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 CITY OR TOWN AND ANOTHER PERSON OR ENTITY.</b></p> <p>- Please identify the person or entity that has the contract with the municipal agency.</p> <p>- What is your relationship to the person or entity?</p> <p>- What is the contract for?</p>

<p>What is your financial interest in the municipal contract?</p>	<p>- Please explain the financial interest and include the dollar amount if you know it.          TO WORK AND GET PAID BY SOMERVILLE PARKS AND RECREATION</p>
<p>Date when you acquired a financial interest</p>	<p>September 12th 2024</p>
<p>What is the financial interest of your immediate family?</p>	<p>- Please explain the financial interest and include the dollar amount if you know it.</p>
<p>Date when your immediate family acquired a financial interest</p>	
<p>Write an X to confirm each statement.</p>	<p><b>FOR A CONTRACT FOR PERSONAL SERVICES –</b></p> <p>Answer the questions in this box ONLY if you will have a contract for personal services with a municipal agency (i.e., you will do work directly for the contracting agency).</p> <p>I will have a contract with a municipal agency to provide personal services.</p> <p><input checked="" type="checkbox"/> The services will be provided outside my normal working hours as a municipal employee.</p> <p><input checked="" type="checkbox"/> The services are not required as part of my regular duties as a municipal 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>
<p>Employee signature:</p>	<p>Brian LeFebvre</p>
<p>Date:</p>	<p>8/24/24</p>

Attach additional pages if necessary.

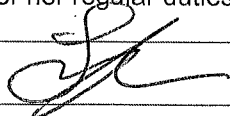
NOT A PERSONAL SERVICES CONTRACT -- File disclosure with the city or town clerk.

SEE CERTIFICATION AND APPROVAL REQUIRED FOR PERSONAL SERVICES CONTRACTS, BELOW.

**FOR CONTRACTS FOR PERSONAL SERVICES ONLY:**

If you are disclosing a financial interest in a contract for personal services with a municipal agency, you must file the Certification below signed by the head of the contracting agency, and you must get approval of the exemption from the city council, board of aldermen, board of selectmen or town council.

**CERTIFICATION BY HEAD OF CONTRACTING AGENCY**

	<b>INFORMATION ABOUT HEAD OF CONTRACTING AGENCY</b>
Name:	SUSAN YERKES
Title/ Position	DIRECTOR
Municipal Agency:	SIMSBURVILLE PARKS & RECREATION
Agency Address:	67 HOLLAND AVE
Office Phone:	617 665-6600 x 2983
	<b>CERTIFICATION</b>
	I have received a disclosure under G.L. c. 268A, § 20(b) from a municipal employee who seeks to provide personal services to my municipal 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:	8-20-24

**APPROVAL BY CITY COUNCIL, BOARD OF ALDERMEN,  
BOARD OF SELECTMEN OR TOWN COUNCIL**

	<b>INFORMATION ABOUT APPROVING BODY</b>
Name:	
Title/ Position	
Agency Address:	
Office Phone:	
	<b>APPROVAL</b>
	I have received a disclosure under G.L. c. 268A, § 20(b) from a municipal employee who seeks to provide personal services to a municipal agency, identified above. The exemption under § 20(b) is approved.
Signature:	On behalf of the Council or Board, I sign this approval.
Date:	

Attach additional pages if necessary.  
File disclosure, Certification and Approval with the city or town clerk.