



State of Vermont Executive Officer and Ethics Commission Disclosure Form

Who must file: Each Executive Officer (defined by 3 V.S.A. § 1201(3) as “a state officer; or under the Office of the Governor, an agency secretary or deputy or a department commissioner or deputy”) and each member of the Vermont State Ethics Commission and the Executive Director of the Vermont State Ethics Commission must file this disclosure form annually. 3 V.S.A §§ 1211(a) and 1212(a). Information required by this form is for the previous 12 months. 3 V.S.A. § 1211(a). If your sole source of income in the previous 12 months came from employment with the State of Vermont, please indicate that in Section 1(a) below. Other income should be listed in the sections that follow.

Disclosure information required herein includes some information regarding your spouse or “domestic partner.” 3 V.S.A. § 1211(a)(1). “Domestic partner,” as used throughout this form, is defined in 3 V.S.A § 1211(d)(1).

When: File on or before January 15 each year. If appointed after January 15, within 10 days of your appointment. 3 V.S.A. § 1211(d)(1).

Were you a candidate for statewide office or Legislature last year? If you filed a 17 V.S.A. § 2414 candidate disclosure form in the preceding year, and the information provided on that form has not changed since that filing, you may update that form to indicate there has been no change. 3 V.S.A. § 1211(c)(2). You may still submit this disclosure form. If there has been any change in the information provided on the candidate disclosure form, including becoming an executive officer, you must complete this form.

If needed, please attach additional pages to complete this form.

Your name: Michael A. Harrington

Email address: michael.harrington@vermont.gov

Office/agency: Department of Labor

Title: Commissioner

Date you assumed office or date of appointment: June 3, 2020

Information required below is for the 12 months preceding this report. 3 V.S.A. § 1211(c)(1).

1. Sources of personal income during the previous 12 months: For you, your spouse or your domestic, or both of you together, list each source of income that totals \$5,000.00 or more. You do not need to provide the actual dollar amount. 3 V.S.A. § 1211(a)(1).

A. Employment income in the previous 12 months: List each employer from whom you, or your spouse or domestic partner, or both of you together received income of \$5,000.00 or more and the employer’s business address. You do not need to provide the actual dollar amount. If you are self-employed, describe the nature of your employment. 3 V.S.A. § 1211(a)(1)(A).

I (and my spouse/domestic partner) have no sources of employment income required to be listed.

Employer Name	Employer Business Address or description of work if self-employed	You/Spouse or Domestic Partner/Joint

B. Investment income during the previous 12 months: For you, your spouse or your domestic partner, or both of you together, list each source of investment income that totals more than \$5,000.00. 3 V.S.A. § 1211(a)(3). You do not need to provide the actual dollar amount. 3 V.S.A § 1211(a)(1)(B). Sources of investment income may include, but are not limited to, stocks, bonds, mutual funds, income-producing property, joint ventures and business interests not included in Part 3 below. Brokerage firms may be listed; individual stock holdings need not be disclosed unless stock ownership represents 10% or more, in which case the ownership should be listed in Part 3 below. Retirement holdings need not be listed.

I (and my spouse/domestic partner) have no sources of investment income required to be listed.

Source	Nature of Investment	You/Spouse or Domestic Partner/Joint

C. **Other Sources of Income during the previous 12 months:** For you, your spouse or your domestic partner, or both of you together, list each additional source of income not mentioned above, that totals more than \$5,000.00. You do not need to provide the actual dollar amount. 3 V.S.A § 1211(a)(1).

I (and my spouse/domestic partner) have no other sources of income required to be listed.

Source of Income	You/Spouse or Domestic Partner/Joint

2. **Service:** List each board, commission, or other entity that is regulated by law or that receives funding from the State of Vermont on which you serve and your position on it. 3 V.S.A § 1211(a)(2).

I have no service to list.

Board, Commission, other Entity	Position held
STATE WORKFORCE BOARD	MEMBER
EMPLOYMENT SECURITY BOARD	CHAIR
PASSENGER TRAINING BOARD	CHAIR
APPRENTICESHIP COUNCIL	CHAIR
NATIONAL ASSOC FOR STATE WORKFORCE AGENCIES	SECRETARY

3. **Company Ownership during the previous 12 months:** List any company which you or your spouse or domestic partner, or both together owned more than 10 percent. 3 V.S.A § 1211(a)(3).

I (and my spouse/domestic partner) have no businesses required to be listed.

Business Name	Business Address	You/Spouse or Domestic Partner/Joint

4. **Lease or Contract with the State:** List any lease or contract with the State held or entered into by (a) you or your spouse or domestic partner; or (b) a company of which you or your spouse or domestic partner, or both together owned more than 10 percent. 3 V.S.A § 1211(a)(4).

I (and my spouse/domestic partner) have no leases or contracts required to be listed.

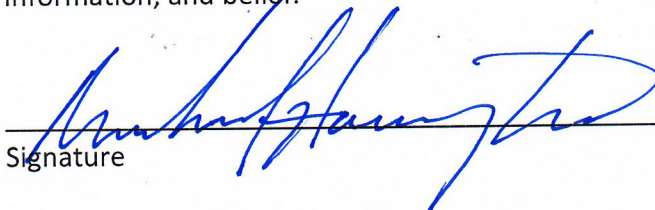
Type of lease or contract	You/Spouse or Domestic Partner/Joint

5. **Lobbying Activities:** If your spouse or domestic partner is a lobbyist 3 V.S.A. § 1211(d)(2), enter your spouse’s name below and, if applicable, the name of your spouse’s lobbying firm. 3 V.S.A § 1211(b).

My spouse/domestic partner has no lobbying activities required to be listed.

Name of spouse/domestic partner	Name of lobbying firm, if applicable

I certify that the information provided on all pages of this disclosure form is true to the best of my knowledge, information, and belief.



 Signature

Date: 1.4.22

Send this completed disclosure form with “**Disclosure**” in the subject line to:
 ethicscommission@vermont.gov

or mail via USPS to:
 Vermont State Ethics Commission, 6 Baldwin St., Montpelier, VT 05633-7950