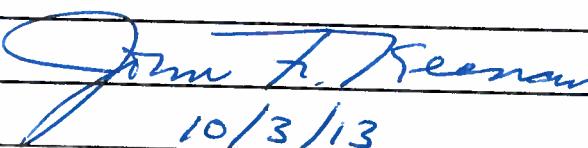


**DISCLOSURE OF APPEARANCE OF CONFLICT OF INTEREST
AS REQUIRED BY G. L. c. 268A, § 23(b)(3)**

PUBLIC EMPLOYEE INFORMATION		RECEIVED STATE ETHICS COMMISSION 2013 OCT -3 PM 2:37
Name of public employee:	John F. Keenan	
Title or Position:	State Senator, Norfolk and Plymouth District	
Agency/Department:	State Senate	
Agency address:	State House Room 413B Boston, MA 02133	
Office Phone:	617-722-1494	
Office E-mail:	John.Keenan@masenate.gov	
	<p>In my capacity as a state, county or municipal employee, I am expected to take certain actions in the performance of my official duties. Under the circumstances, a reasonable person could conclude that a person or organization could unduly enjoy my favor or improperly influence me when I perform my official duties, or that I am likely to act or fail to act as a result of kinship, rank, position or undue influence of a party or person.</p> <p>I am filing this disclosure to disclose the facts about this relationship or affiliation and to dispel the appearance of a conflict of interest.</p>	
APPEARANCE OF FAVORITISM OR INFLUENCE		
Describe the issue that is coming before you for action or decision.	Several bills have been filed relative to the scope of practice of optometrists, including H1981, S1070 and H1987.	
What responsibility do you have for taking action or making a decision?	I serve as Senate Chair of the Joint Committee on Public Health, to which Committee the optometry bills have been referred. In my capacity as Senate Chair of the Committee, I expect to take testimony at hearings on the bills and to take committee votes on the bills. As a legislator, I expect that I may vote on the bills should they reach the Senate floor.	
Explain your relationship or affiliation to the person or organization.	My wife is an optometrist licensed in the Commonwealth of Massachusetts, employed by the Brockton Neighborhood Health Center, 63 Main Street, Brockton, MA 02301 and by Bay Eye Care & Surgery, 500 Congress Street, Suite 1A-1, Quincy, MA 02169.	
How do your official actions or decision matter to the person or organization?	My wife has no direct interest in the legislation nor will she benefit financially, or in any way different from any other optometrist, should the legislation become law.	
Optional: Additional facts – e.g., why there is a low risk of undue favoritism or improper influence.		
If you cannot confirm this statement, you should recuse yourself.	<p align="center">WRITE AN X TO CONFIRM THE STATEMENT BELOW.</p> <p><input checked="" type="checkbox"/> Taking into account the facts that I have disclosed above, I feel that I can perform my official duties objectively and fairly.</p>	
Employee signature:	 10/3/13	
Date:		

Attach additional pages if necessary.