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

	PUBLIC EMPLOYEE INFORMATION	RECEIVED STATE ETHICS COMMISSIO
Name of public employee:	Vinny deMacedo	2015 JUN -9 AM 11: 20
Title or Position:	State Senator	<del></del>
Agency/Department:	Senate	
Agency address:	State House Room 313-A	
Office Phone:	617-722-1330	
Office E-mail:	Vinny.demacedo@masenate.gov	
	In my capacity as a state, county or municipal employee performance of my official duties. Under the circumstant that a person or organization could unduly enjoy my favor perform my official duties, or that I am likely to act or fail or undue influence of a party or person.  I am filing this disclosure to disclose the facts about this appearance of a conflict of interest.	ces, a reasonable person could conclude or or improperly influence me when I to act as a result of kinship, rank, position
	APPEARANCE OF FAVORITISM OR INFLUENC	-
Describe the issue that is coming before you for action or decision.	Arranging a meeting with the Department of Environmental Protection and a group called "Save our Shores" which is a group of landowners that are part of a proposed state pilot project to stop erosion of the cliffs off of Plymouth.	
What responsibility do you have for taking action or making a decision?	I have no decision making in this.	
Explain your relationship or affiliation to the person or organization.	The daughter of one of the members of Save Our Shores was a former Legislative Aide for me from 1999-2003, and currently she is a consultant to my campaign committee.	
How do your official actions or decision matter to the person or organization?	I am helping to facilitate a meeting between DEP and Save our Shores.	
Optional: Additional facts – e.g., why there is a low risk of undue favoritism or	I am simply trying to jumpstart a very long, drawn o Shores group and the Department of Environmenta affecting the final decision, simply asking the agence	Protection I do not intend on

improper influence.	applicants.
	WRITE AN X TO CONFIRM THE STATEMENT BELOW.
If you cannot confirm this statement, you should recuse yourself.	_X_ Taking into account the facts that I have disclosed above, I feel that I can perform my official duties objectively and fairly.
Employee signature:	1):200
Date:	6/4/2015

Attach additional pages if necessary.

Not elected to your public position – file with your appointing authority.

Elected state or county employees – file with the State Ethics Commission.

Members of the General Court - file with the House or Senate clerk or the State Ethics Commission.

Elected municipal employee – file with the City Clerk or Town Clerk.

Elected regional school committee member – file with the clerk or secretary of the committee.

Form revised July, 2012