

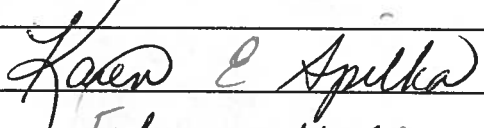
**DISCLOSURE OF APPEARANCE OF CONFLICT OF INTEREST  
AS REQUIRED BY G. L. c. 268A, § 23(b)(3)**

RECEIVED

STATE ETHICS COMMISSION

2015 FEB 11 PM 3:16

	<b>PUBLIC EMPLOYEE INFORMATION</b>
Name of public employee:	Karen E. Spilka
Title or Position:	State Senator
Agency/Department:	Massachusetts Senate
Agency address:	State House Room 212
Office Phone:	617-722-1640
Office E-mail:	Karen.spilka@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>
	<b>APPEARANCE OF FAVORITISM OR INFLUENCE</b>
Describe the issue that is coming before you for action or decision.	As a legislator I am from time to time required to consider policy that affect state services to persons with disabilities. My duties include decisions about appropriating funds for the delivery of human services to persons with disabilities
What responsibility do you have for taking action or making a decision?	As Chair of the Senate Committee on Ways and Means I have direct involvement in all funds appropriated by the legislature.
Explain your relationship or affiliation to the person or organization.	I am my sister's legal guardian. My sister moved to Massachusetts in 2012. She resides in a group home for persons with disabilities and is enrolled in MassHealth.
How do your official actions or decision matter to the person or organization?	The state budget includes a number of line items related to the delivery of services to persons with disabilities, including funding for MassHealth and funding support for group homes.

<b>Optional:</b> Additional facts – e.g., why there is a low risk of undue favoritism or improper influence.	I have long been an advocate for policies which provide assistance and protection for persons with disabilities. These policies and related appropriations are directed to enhance the quality of life for all residents of Massachusetts by providing a full range of services to residents in need. These actions are not for the benefit of any particular persons or organizations.
If you cannot confirm this statement, you should recuse yourself.	<b>WRITE AN X TO CONFIRM THE STATEMENT BELOW.</b>  <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.
Employee signature:	
Date:	February 11, 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.