


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

RECEIVED
STATE ETHICS COMMISSION

2016 JUN -9 PH 2: 02

	PUBLIC EMPLOYEE INFORMATION
Name of public employee:	James Welch
Title or Position:	State Senator
Agency/Department:	Massachusetts Senate
Agency address:	Room 309 State House Boston, MA 02133
Office Phone:	617-722-1660
Office E-mail:	James.Welch@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.	S. 2311, An Act promoting housing and sustainable development
What responsibility do you have for taking action or making a decision?	Senate 2311 is general legislation that is pending before the Massachusetts Senate and on which I intend to vote.
Explain your relationship or affiliation to the person or organization.	I hold a Massachusetts realtor's license but am not currently active as a realtor.
How do your official actions or decision matter to the person or organization?	The Massachusetts Association of Realtors has been involved in advocacy on the pending legislation, S. 2311. I hold a Massachusetts license, therefore there could be an appearance of conflict of interest which is why I am filing this disclosure.
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.	WRITE AN X TO CONFIRM THE STATEMENT BELOW. <input checked="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:	6/9/16

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.