## DISCLOSURE BY A PUBLIC OFFICIAL (as defined by G.L. c. 268B, § 1) OF A FINANCIAL INTEREST IN AN ACTION TO BE TAKEN IVED AS REQUIRED BY G. L. c. 268A, § 6AATE ETHICS COMMISSION

|                              | PUBLIC OFFICIAL INFORMATION 7017 MAY 22 PM 4: 17   |
|------------------------------|--|
| Name of public official:     | Vinny deMacedo   |
| Public official position:    | State Senator  |
| Public office<br>address:    | The State House  |
|                              | Boston, MA 02133   |
| Office Phone:                | 617-722-1330   |
| Office E-mail:               | Vinny.deMacedo@masenate.gov  |
|                              | I am filing this disclosure because I am a public official and, in the discharge of my official duties, I am required to take an action which would substantially affect my own financial interests. I recognize that the action will have a greater effect on me than on the general public or on other state employees. I understand that after I disclose my financial interest, I may take the action. |
|                              | ACTION TO BE TAKEN   |
| Official action              | I intend to discuss, vote on, and otherwise participate in the development, debate and   |
| to be taken:                 | enactment of the FY18 State Appropriations Act as it is developed in the Senate  |
|                              | Committee on Ways and Means, with regards to amendments to the bill on the Senate  |
|                              | floor and on the final bill before the full Senate.  |
| Financial interest involved: | FINANCIAL INTEREST IN ACTION TO BE TAKEN   |
|                              | One issue to be considered is whether the FY18 State Appropriations Act should include   |
|                              | an outside section which would change the General Laws and cap the deductible and copayments for covered services during an enrollment year for those who receive health   |
|                              | insurance through the Group Insurance Commission. I and my family receive insurance  |
|                              | coverage through the Group Insurance Commission.   |
| Public official's signature: | Val Dab  |
| Date:                        | 5/22/2017  |

Attach additional pages if necessary.

File the signed disclosure with:

State Ethics Commission, One Ashburton Place, Room 619, Boston, MA 02108