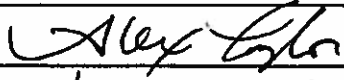


**DISCLOSURE OF APPEARANCE OF CONFLICT OF INTEREST  
AS REQUIRED BY G. L. c. 268A, § 23(b)(3)**

|   |   |
|---|---|
|   | <b>PUBLIC EMPLOYEE INFORMATION</b>  |
| Name of public employee:  | Alexander Taylor  |
| Title or Position:  | Economist   |
| Agency/Department:  | Department of Public Utilities  |
| Agency address:   | One South Station, Boston, MA 02110   |
| Office Phone:   | (617) 305-3671  |
| Office E-mail:  | alexander.taylor@mass.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.                                  | None currently, however in my capacity, I will eventually be involved in adjudicating rate increases for Columbia Gas of Massachusetts.   |
| What responsibility do you have for taking action or making a decision?                               | Analyzing the petition of the Company for an increase to rates for gas distribution and advising the Commission that ultimately decides on what the allowable rates are to be.  |
| Explain your relationship or affiliation to the person or organization.                               | I am a customer of the Company.   |
| How do your official actions or decision matter to the person or organization?                        | My official actions affect the Company's revenues.  |
| Optional: Additional facts – e.g., why there is a low risk of undue favoritism or improper influence. | I have not disclosed my position to any of the Company agents in which I've been in contact through the restoration or reimbursement processes.   |

|   |  |
|---|--|
| If you cannot confirm this statement, you should recuse yourself. | <b>WRITE AN X TO CONFIRM THE STATEMENT BELOW.</b><br><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:   | Nov 9, 2018  |

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