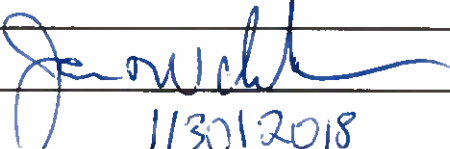


DISCLOSURE OF APPEARANCE OF CONFLICT OF INTEREST RECEIVED
AS REQUIRED BY G. L. c. 268A, § 23(b)(3) STATE ETHICS COMMISSION

	PUBLIC EMPLOYEE INFORMATION	2018 JAN 31 AM 11:00
Name of public employee:	James T. Welch	
Title or Position:	State Senator	
Agency/Department:	Massachusetts Senate	
Agency address:	State House Boston, MA 02133	
Office Phone:	617.722.1660	
Office E-mail:	James.Welch@masenak.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.	I intend to participate in a Senate Ways and Means hearing on January 31, 2018, during which the Committee will discuss and consider the Group Insurance Commission's recent proposal to limit the number of health insurance plans available to active and retired state employees.	
What responsibility do you have for taking action or making a decision?	My job requires me to consider what action, if any, the Senate should take with respect to the recent Group Insurance Commission proposals.	
Explain your relationship or affiliation to the person or organization.	I am a state employee, and I [or an immediate family member] receive health insurance coverage from a plan with the Group Insurance Commission.	
How do your official actions or decision matter to the person or organization?	I will participate in discussions regarding what action, if any, the Senate should take with respect to the Group Insurance Commission proposals.	
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="" 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:	1/30/2018

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.