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

	PUBLIC EMPLOYEE INFORMATION
Name of public employee:	Brendan P. Crighton
Title or Position:	State Senator
Agency/Department:	Massachusetts State Senate
Agency address:	Massachusetts State House Boston, MA 02133
Office Phone:	617-722-13500
Office E-mail:	Brendan.crighton@masenate.gov
	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. I am filing this disclosure to disclose the facts about this relationship or affiliation and to dispel the appearance of a conflict of interest.
	APPEARANCE OF FAVORITISM OR INFLUENCE
Describe the issue that is coming before you for action or decision.	I will be voting on the Conference Report for An Act promoting a resilient health care system that puts patients first. Both my brother and my father are pharmacists.
What responsibility do you have for taking action or making a decision?	As a member of the Senate I will be voting on this legislation to determine whether it passes or is rejected
Explain your relationship or affiliation to the person or organization.	My brother and my father are both pharmacists
How do your official actions or decision matter to the person or organization?	The decision will not directly affect only my brother and father per se but the bill overall may affect all pharmacists
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.** x_ 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:	12/23/20

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