

**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:	Patricia Jehlen
Title or Position:	Senator
Agency/Department:	Senate
Agency address:	24 Beacon St, Boston, MA 02133
Office Phone:	617-722-1578
Office E-mail:	Patricia.jehlen@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>
<b>APPEARANCE OF FAVORITISM OR INFLUENCE</b>	
Describe the issue that is coming before you for action or decision.	My daughter is an ASL interpreter and is reporting that contracted interpreters may not be receiving proper guidance or protections for Covid-19 when contracted to interpret for patients and clients at medical facilities and in other settings.
What responsibility do you have for taking action or making a decision?	I have a responsibility to advocate for policy changes as a state senator, including policies associated with Covid-19.
Explain your relationship or affiliation to the person or organization.	My daughter is an ASL interpreter.
How do your official actions or decision matter to the person or organization?	I may be able to participate in improving guidance or protections for ASL interpreters.

<b>Optional:</b> Additional facts – e.g., why there is a low risk of undue favoritism or improper influence.	I have also been contacted by the director of the Registry of Interpreters for the Deaf who is also vice chair of the Mass. State Association of the Deaf, who has asked that I advocate for protections for interpreters and Deaf patients.
<b>If you cannot confirm this statement, you should recuse yourself.</b>	<b>WRITE AN X TO CONFIRM THE STATEMENT BELOW.</b>  <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:	December 1, 2020

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