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 Room 520 Boston, MA 02133
Office Phone:	617-722-1350
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.	A constituent sent me an informational book on Mental Health. The constituent has also asked me to support legislation addressing mental health.
What responsibility do you have for taking action or making a decision?	As a member of the Joint Committee on Mental Health, Substance Use and Recovery, I may be voting on legislation affecting mental health policy for the Commonwealth of Massachusetts.
Explain your relationship or affiliation to the person or organization.	The woman is a constituent who lives in my district.
How do your official actions or decision matter to the person or organization?	The constituent would like to see certain legislation passed in order to help those with mental health issues. In my role on the Committee, I would vote on legislation to potentially be released from Committee.
Optional: Additional facts – e.g., why	

there is a low risk of undue favoritism or improper influence.	The literature sent is merely informational and its receipt will not sway my decisions on legislation affecting policies concerning mental health.
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:	Robert P. Cuglan
Date:	4/29/2021

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