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

	PUBLIC EMPLOYEE INFORMATION	-	
Name of public employee:	David Giannotti	IIIL III	TEET
Title or Position:	Public Education and Communications Division Chief	2	SOIH
Agency/Department:	State Ethics Commission	AH 8: 0	COMMISSION
Agency address:	One Ashburton Place, Rm 619 Boston, MA 02108	03	505
Office Phone:	617-371-9500		
Office E-mail:	David.Giannotti@mass.gov		
	In my capacity as a state employee, I am expected to take certain actions in the performation official duties. Under the circumstances, a reasonable person could conclude that a person organization could unduly enjoy my favor or improperly influence me when I perform my duties, or that I am likely to act or fail to act as a result of kinship, rank, position or undue of a party or person.	on or	•
	I am filing this disclosure to disclose the facts about this relationship or affiliation and to d appearance of a conflict of interest.	ispel th	е
	APPEARANCE OF FAVORITISM OR INFLUENCE		
Describe the issue that is coming before you for action or decision.	I am the database administrator for Ethos, the Commission's case management application. My duties call for me to identify and correct instances where the sai appears in the database more than once. I work to align any complaints, request advice or disclosures with one of the party records and then to delete the duplicate record that is no longer assigned to any complaints, requests for advice or disclosure been notified that someone I know outside of work appears more than once database.	me par sts for ate par osures	ty . I
What responsibility do you have for taking action or making a decision?	See above		
Explain your relationship or affiliation to the person or organization.	I have been alerted that more than once. I have been a friendly acquaintance of for over 1 from the time he was a We will socialize during chance meetings but are not otherwise friends are socialize on a regular basis.	0 year	s
How do your official actions or decision matter to the person or organization?	I will be called upon to decide which party record to use and then to align all Eth pertaining to with his Ethos party record. My responsibility is to ve records are successfully realigned with the correct party record and then to dele duplicate record.	rify tha	
Optional: Additional facts – e.g., why there is a low risk of undue favoritism or improper influence.			

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	WRITE AN X TO CONFIRM THE STATEMENT BELOW.	_
If you cannot confirm this statement, you should recuse yourself.	X Taking into account the facts that I have disclosed above, I feel that I can per official duties objectively and fairly.	erform my
Employee signature:	Ral boto	
Date:	July 20, 2022	±: gr

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