REDACTED

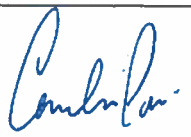
DISCLOSURE OF APPEARANCE OF CONFLICT OF INTEREST
AS REQUIRED BY G. L. c. 268A, § 23(b)(3)

RECEIVED
STATE ETHICS COMMISSION
2022 APR 32 PM 3:06

	PUBLIC EMPLOYEE INFORMATION
Name of public employee:	Candies Pruitt
Title or Position:	Staff Counsel
Agency/Department:	State Ethics Commission
Agency address:	Room 619 One Ashburton Place Boston, MA 02108
Office Phone:	617-371-9507
Office E-mail:	Candies.pruitt@mass.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 am assigned to conduct a formal investigation into a confidential matter.
What responsibility do you have for taking action or making a decision?	I am responsible for conducting the formal investigation.
Explain your relationship or affiliation to the person or organization.	I learned during the formal investigation that a witness and I were employed by a municipality at the same time. I had no interactions with the witness while employed by the municipality. I disclosed these facts to my appointing authority, and on the record.
How do your official actions or decision matter to the person or organization?	n/a
Optional: Additional facts – e.g., why	

STAFF DISCLOSURE MAY BE CONFIDENTIAL

DO NOT RELEASE THEM UNLESS EXECUTIVE DIRECTOR OR GENERAL COUNSEL REVIEWS AND APPROVES

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:	5/2/22

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