



**DISCLOSURE BY NON-ELECTED STATE EMPLOYEE OF FINANCIAL INTEREST  
AND DETERMINATION BY APPOINTING AUTHORITY  
AS REQUIRED BY G. L. c. 268A, § 6**

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|   | <b>STATE EMPLOYEE INFORMATION</b>  |
| Name:   | Taylor Trenchard   |
| Title or Position:  | Chief of Staff   |
| State Agency:   | Massachusetts Senate   |
| Agency Address:   | State House<br>Boston, MA 02133  |
| Office Phone:   | 617-722-1350   |
| Office E-mail:  | Taylor.trenchard@masenate.gov  |
|   | My duties require me to participate in a particular matter, and I may not participate because of a financial interest that I am disclosing here. I request a determination from my appointing authority about how I should proceed.  |
|   | <b>PARTICULAR MATTER</b>   |
| Particular matter<br><br>E.g., a judicial or other proceeding, application, submission, request for a ruling or other determination, contract, claim, controversy, charge, accusation, arrest, decision, determination, or finding. | Please describe the particular matter.<br><br>On July 21, 2022, the Senate is considering S.3018, An Act relating to economic growth and relief for the commonwealth. Amendment 457 to this legislation would establish a one-time cost of living adjustment of 7 per cent for all state employees. As a state employee, I would benefit from this amendment becoming law. |
| Your required participation in the particular matter:<br><br>E.g., approval, disapproval, decision, recommendation, rendering advice, investigation, other.   | Please describe the task you are required to perform with respect to the particular matter.<br><br>As part of my duties, I advise the Senator on bill amendments, including making recommendations on voting and co-sponsorship.   |

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|                                      | <b>FINANCIAL INTEREST IN THE PARTICULAR MATTER</b>  |
| <b>Write an X by all that apply.</b> | <input checked="" type="checkbox"/> I have a financial interest in the matter.<br><input type="checkbox"/> My immediate family member has a financial interest in the matter.<br><input type="checkbox"/> My business partner has a financial interest in the matter.<br><input type="checkbox"/> I am an officer, director, trustee, partner or employee of a business organization, and the business organization has a financial interest in the matter.<br><input type="checkbox"/> I am negotiating or have made an arrangement concerning future employment with a person or organization, and the person or organization has a financial interest in the matter. |
| Financial interest in the matter     | Please explain the financial interest and include a dollar amount if you know it.<br><br>My financial interest would be a 7 per cent increase to my salary.   |
| Employee signature:                  |    |
| Date:                                | 7-20-22   |

### DETERMINATION BY APPOINTING OFFICIAL

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|  | <b>APPOINTING AUTHORITY INFORMATION</b>  |
| Name of Appointing Authority:          | Senator Brendan Crighton   |
| Title or Position:                     | Senator  |
| Agency/Department:                     | Massachusetts Senate   |
| Agency Address:                        | State House<br>Boston, MA 02133  |
| Office Phone:                          | 617-722-1350   |
| Office E-mail                          | <a href="mailto:Brendan.crighton@masenate.gov">Brendan.crighton@masenate.gov</a>   |
|  | <b>DETERMINATION</b>   |
| Determination by appointing authority: | As appointing official, as required by G.L. c. 268A, § 6, I have reviewed the particular matter and the financial interest identified above by a state employee. |
| <b>Write an X</b>                      | <input type="checkbox"/> I am assigning the particular matter to another employee, or  |

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| by your selection.              | <p><input type="checkbox"/> I am assuming responsibility for the particular matter, or</p> <p><input checked="" type="checkbox"/> I have determined that the financial interest is not so substantial as to be deemed likely to affect the integrity of the services which the Commonwealth may expect from the employee.</p> |
| Appointing Authority signature: |    |
| Date:                           | 7-20-22   |
| Comment:                        |   |

Attach additional pages if necessary.

File copy with:

State Ethics Commission, One Ashburton Place, Room 619, Boston, MA 02108