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:	Massachusetts State Senator, Third Essex
Agency/Department:	Massachusetts State Senate
Agency address:	24 Beacon St. Room 109-C 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.	General legislation, S.2889 An Act relative to long-term care and assisted living, and amendments thereto, is before the Senate for consideration.
What responsibility do you have for taking action or making a decision?	As a member of the Massachusetts State Senate, I may review, consider, publicly comment on, vote, and take other actions on general legislation addressing healthcare, including, but not limited to, long-term care and assisted living.
Explain your relationship or affiliation to the person or organization.	My mother is a member of the long-term care workforce.
How do your official actions or decision matter to the person or organization?	My official actions or decisions could affect the long-term care workforce, but my mother would not benefit financially or in any way differently from any other member of the long-term care workforce should S.2889 or any other applicable general legislation become law.

Optional: Additional facts – e.g., why there is a low risk of undue favoritism or improper influence.	There currently is not an issue before me that would be a conflict of interest. I am filing this disclosure out of an abundance of caution to dispel any appearance of a conflict.
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:	Brian P. Cagle
Date:	7/25/2024

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