

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

| PUBLIC EMPLOYEE INFORMATION | |
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| Name of public employee: | Michael O. Moore |
| Title or Position: | Massachusetts State Senator |
| Agency/Department: | Massachusetts State Senate |
| Agency address: | 24 Beacon St. Room 109-B Boston, MA, 02133 |
| Office Phone: | (617) 722-1570 |
| Office E-mail: | Michael.Moore@masenate.gov |
| | <p>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.</p> <p>I am filing this disclosure to disclose the facts about this relationship or affiliation and to dispel the appearance of a conflict of interest.</p> |
| APPEARANCE OF FAVORITISM OR INFLUENCE | |
| Describe the issue that is coming before you for action or decision. | Several bills have been filed relative to housing, real estate transfers, and the real estate industry. |
| 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 housing, including, but not limited to, legislation affecting the real estate industry. |
| Explain your relationship or affiliation to the person or organization. | My wife is a licensed realtor. |
| How do your official actions or decisions matter to the person or organization? | My official actions or decisions could affect the real estate industry, but my wife would not benefit financially or in any way differently from any other licensed realtor should any applicable general legislation become law. |
| Optional: Additional | There currently is not an issue before me that would be a conflict of interest. I am filing |

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| facts – e.g., why there is a low risk of undue favoritism or improper influence. | 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. |
| Employee signature: | <input checked="" type="checkbox"/> Taking into account the facts that I have disclosed above, I feel that I can perform my official duties objectively and fairly. |
| Date: |  8.20.24 |

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