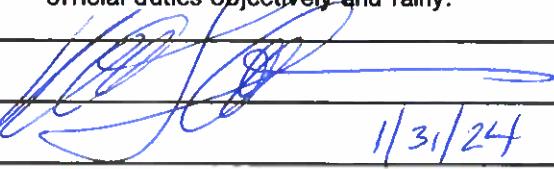


**DISCLOSURE OF APPEARANCE OF CONFLICT OF INTEREST
AS REQUIRED BY G. L. c. 268A, § 23(b)(3)**

PUBLIC EMPLOYEE INFORMATION	
Name of public employee:	Rebecca L. Rausch
Title or Position:	State Senator Norfolk, Worcester and Middlesex District
Agency/Department:	Massachusetts State Senate
Agency address:	24 Beacon St. Room 215 Boston, MA, 02133
Office Phone:	(617) 722-1555
Office E-mail:	Becca.Rausch@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 state employee and teacher pensions. One such bill, S.1638, would increase the base amount on which the annual state and teacher pension cost-of-living adjustment is calculated.
What responsibility do you have for taking action or making a decision?	As a state senator, I may review, consider, publicly comment on, vote on, and take other actions on legislation and other matters relative to state employee and teacher pensions, including, but not limited to, co-sponsoring S.1638.
Explain your relationship or affiliation to the person or organization.	My father-in-law is a retired state employee, receiving a pension that could be impacted by general legislation passed by the Senate, including, but not limited to, S.1638.
How do your official actions or decision matter to the person or organization?	As a state senator, I may take certain actions on general matters or issues involving determinations of general policy that could affect retired state employees like my father-in-law.

Optional: Additional facts – e.g., why 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. <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. 
Employee signature:	
Date:	1/31/24

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