

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

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| | PUBLIC EMPLOYEE INFORMATION |
| Name of public employee: | Monica Brookman |
| Title or Position: | Enforcement Division Chief |
| Agency/Department: | State Ethics Commission |
| Agency address: | One Ashburton Place Boston, MA 02108 |
| Office Phone: | 617 371 9504 |
| Office E-mail: | MonicaBrookman@mass.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. | I intend to serve on a hiring panel for a new Public Education and Communications Division Chief. Current staff member [REDACTED] applied for the position. |
| What responsibility do you have for taking action or making a decision? | I am not responsible for any final hiring decision, but I will provide input regarding the hiring. |
| Explain your relationship or affiliation to the person or organization. | I have worked with [REDACTED] since [REDACTED] joined the Commission. We do not socialize outside of work. |
| How do your official actions or decision matter to the person or organization? | [REDACTED] has a financial interest in the hiring decision, as [REDACTED] is seeking that position. |

REDACTED

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| 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: | <i>Monica Brookman</i> |
| Date: | 5/28/25 |

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.