

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

	PUBLIC EMPLOYEE INFORMATION
Name of public employee:	Jacob Oliveira
Title or Position:	State Senator
Agency/Department:	Massachusetts State Senate
Agency address:	Massachusetts State House 24 Beacon Street, Room 416-B Boston, MA 02133
Office Phone:	617-722-1291
Office E-mail:	Jacob.Oliveira@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.	During the remainder of the 2025-26 legislative session, the Senate may consider legislation and other matters affecting the interests of healthcare workers, including, but not limited to, S. 3072, <i>An Act Promoting Rule of Law, Oversight, Trust and Equal Constitutional Treatment</i> .
What responsibility do you have for taking action or making a decision?	As a member of the Senate, I may review, consider, publicly comment on, vote on, and take other actions on legislation and other matters that may impact healthcare workers in the Commonwealth.
Explain your relationship or affiliation to the person or organization.	My sister is a healthcare worker and employed by Baystate Medical Practices, 759 Chestnut St, Springfield, MA 01199
How do your official actions or decision matter to the person or organization?	My official actions or decisions could affect policy areas in which members of the healthcare workforce, like my sister, have interests. While no current conflict of interest exists, out of an abundance of caution, I am filing this disclosure to dispel any appearance of a conflict.

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. _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:	
Date:	May 7, 2026

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.