

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

	PUBLIC EMPLOYEE INFORMATION
Name of public employee:	Patricia D. Jehlen
Title or Position:	State Senator
Agency/Department:	Massachusetts State Senate
Agency address:	State House 24 Beacon Street, Room 424 Boston, MA 02133
Office Phone:	617-722-1578
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	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.	I will be participating in the debate of and voting on the FY'26 State Budget (budget), which will include funding for a grant program administered by the Massachusetts Cultural Council ("MCC").
What responsibility do you have for taking action or making a decision?	As a state senator, it is my responsibility to vote on appropriations bills. It is also my responsibility to represent my constituents and their priorities to the best of my ability.
Explain your relationship or affiliation to the person or organization.	My daughter is the artistic director of an organization that applies for MCC-based grants and has received such grants in the past.
How do your official actions or decision matter to the person or organization?	The MCC will receive funding for its grant program through the budget, and my daughter's organization may apply for MCC-based grants, with the MCC establishing the eligibility criteria and making the determination as to which organizations receive the grant funding.

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. ☒ 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 19, 2025

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.