

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

	PUBLIC EMPLOYEE INFORMATION
Name of public employee:	Kristina Gasson
Title or Position:	General Counsel
Agency/Department:	Operational Services Division
Agency address:	1 Ashburton Place Room 1608 Boston, MA 02108
Office Phone:	(617) 720-3300
Office E-mail:	Kristina.Gasson3@mass.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.	My spouse is employed by the Operational Services Division in a separate department. I have no supervisory authority over my spouse, however, I may be asked to weigh in on policies that may apply to them.
What responsibility do you have for taking action or making a decision?	In my role as General Counsel, it is within the scope of my responsibilities to make recommendations or provide advice that can impact employees of OSD, including but not limited to their work setting, office organization, compensation or other benefits, and other HR-related matters.
Explain your relationship or affiliation to the person or organization.	My spouse is employed by OSD.
How do your official actions or decision matter to the person or organization?	In general, my role has no interaction with my spouse's compensation or other financial interests. However, some matters may arise that could impact my spouse's benefits or work setting which could have a financial benefit to my spouse or otherwise impart a benefit to them which could invite an appearance of bias or result in a financial interest.
Optional: Additional	

facts – e.g., why there is a low risk of undue favoritism or improper influence.	I do not determine my spouse's salary or other benefits. I intend to file a Section 6 disclosure to my appointing authority if the matter: • Requires a recommendation that applies to or impacts my spouse's department • Requires a recommendation or advice that applies to all OSD employees • Involves an agency wide concern that would impact all OSD employees • Requires a recommendation or advice that would directly impact my spouse
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:	/s/ Kristina A. Gasson
Date:	7/3/24

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.