


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

<b>PUBLIC EMPLOYEE INFORMATION</b>	
Name of public employee:	Matthew Wally
Title or Position:	City of Worcester, City Councilor
Agency/Department:	City Council
Agency address:	455 Main St., Worcester, MA. 01608
Office Phone:	
Office E-mail:	wallym@worcesterma.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>
<b>APPEARANCE OF FAVORITISM OR INFLUENCE</b>	
Describe the issue that is coming before you for action or decision.	On occasion the Greater Worcester Community Foundation makes a grant to the City of Worcester.
What responsibility do you have for taking action or making a decision?	As a City Councilor I am in the position to adopt a resolution to accept any such donations.
Explain your relationship or affiliation to the person or organization.	I am a Director of the Greater Worcester Community Foundation.
How do your official actions or decision matter to the person or organization?	I have no personal financial interest in the Foundation and I can be fair and objective when I perform my official duties when taking into account my involvement with the Foundation.
<b>Optional:</b> 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.	<p><b>WRITE AN X TO CONFIRM THE STATEMENT BELOW.</b></p> <p><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.</p>
Employee signature:	
Date:	<p><del>01/2/2018</del> 12.10.2019</p>

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

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