

Conflict of Interest

Sarai Rivera

City Councilor – District 4

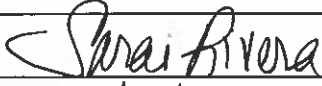
City of Worcester

October 12, 2021

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

PUBLIC EMPLOYEE INFORMATION	
Name of public employee:	Sarah Rivera
Title or Position:	City Councilor
Agency/Department:	City of Worcester
Agency address:	Main St Worce MA
Office Phone:	508 799-1049
Office E-mail:	RIVERASA@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>
APPEARANCE OF FAVORITISM OR INFLUENCE	
Describe the issue that is coming before you for action or decision.	Participation in the Worcester Interfaith St. at U Participation in the Worcester Interfaith St. at U Worcester City of Worcester
What responsibility do you have for taking action or making a decision?	Taking a vote
Explain your relationship or affiliation to the person or organization.	My husband is Volunter Board Chair of Worcester Interfaith - however there is no financial gain or purchases gained by my vote
How do your official actions or decision matter to the person or organization?	This is They are a non profit agency that is seeking a vote that would impact community - not a financial gain or purchases to the agency - None to my husband or myself

Received
 Worcester City Clerk
 2021 OCT 12 AM 9:50

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 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:	
Date:	10/8/21

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.