

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

| PUBLIC EMPLOYEE INFORMATION  |   |
|--|---|
| Name of public employee:   | ETEL HAXHIAJ  |
| Title or Position:   | CITY COUNCILOR DISTRICT 6   |
| Agency/Department:   | CITY COUNCIL  |
| Agency address:  | 455 MAIN ST, WORCESTER MA<br>CITY HALL ROOM 310   |
| Office Phone:  | 508-799-1049  |
| Office E-mail:   | HAXHIAJEG@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.           | CDBG <sup>FUNDS</sup> APPROVAL  |
| What responsibility do you have for taking action or making a decision?        | I AM PART OF THE PUBLIC HEALTH/HUMAN SERVICES STANDING COMMITTEE, WHICH TOOK A VOTE TO SEND THE CDBG ITEM TO BE APPROVED WITH A FINAL VOTE OF THE CITY COUNCIL  |
| Explain your relationship or affiliation to the person or organization.        | I AM AN EMPLOYEE OF CMHA - WHICH RECEIVES CDBG FUNDS FOR ITS HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)  |
| How do your official actions or decision matter to the person or organization? | EVEN THOUGH MY SALARY DOESN'T GET PAID BY HMIS, NOR DO I WORK WITH THAT DEPARTMENT, AS A COUNCIL PERSON I NEEDED TO RECUSE MYSELF, SINCE THE ORGANIZATION I WORK FOR RECEIVES THE FUNDS. THIS IS IN ORDER TO AVOID CONFLICT OF INTEREST, OR PERCEPTION OF.  |

2022 JUN 22 AM 10:38

WORCESTER CIVIL

|   |   |
|---|---|
| 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.                                     | <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:   | Evelyn O'Hara   |
| Date:   | 6/22/22   |

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

2022 JUN 22 AM 10:58

Worcester City