

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

PUBLIC EMPLOYEE INFORMATION

Name of public employee: Dawn Barnes  
Title or Position: Treasurer  
Agency/Department: Town of Chilmark  
Agency address: 401 Middle Road, Chilmark, MA 02535  
Office Phone: 508-645-2106  
Office E-mail: [treasurer@chilmarkma.gov](mailto:treasurer@chilmarkma.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. *Part time position being advertised and hired in the Chilmark Treasurer office.*

What responsibility do you have for taking action or making a decision? *Directly involved in recruiting/interviewing/selection of qualified candidate.*

Explain your relationship or affiliation to the person or organization. *I had been employed by the Town of Gosnold as their accredited assessor July 2021 through July 2022. Qualifying applicant for our new position is the currently Gosnold's treasurer/collector who had worked directly with the Gosnold Board of Assessors lending supervision to the town's needs within the project I'd been hired to perform.*

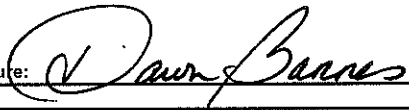
How do your official actions or decision matter to the person or organization? *Official action to hire the individual based on her qualification due to her position in the neighboring community do not impact prior employment projects executed for a different department within their municipality*

Optional: Additional facts – e.g., why there is a low risk of undue favoritism or improper influence. *Separate departments with different jurisdictional responsibilities. I am no longer employed by Gosnold or guided by the individual for that project in any way.*

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: 8/18/22

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