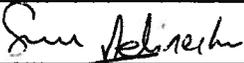


11/18 (11)

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

PUBLIC EMPLOYEE INFORMATION	
Name of public employee:	Suman Adishesu
Title or Position:	Web Master.
Agency/Department:	Acton Bonborough Cultural Council
Agency address:	P.O. Box 2291 Acton, MA - 01720
Office Phone:	N/A
Office E-mail:	abccinformation@gmail.com
	<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.	Grant application approval by the ABCC Council members and being a member, I'm also an applicant and a former council member Mary Spinoso is an applicant whom I've worked with.
What responsibility do you have for taking action or making a decision?	I need to be unbiased and impartial in deciding whom the grants should be awarded to.
Explain your relationship or affiliation to the person or organization.	I'm a member of this council and I've applied for a grant. I've also worked with Mary Spinoso who was a council member and she is also an applicant.
How do your official actions or decision matter to the person or organization?	Since I'm one of the grant applicant and I've also worked with another applicant, my decision needs to be impartial.

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:	11/6/2013

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

**DISCLOSURE BY SPECIAL MUNICIPAL EMPLOYEE
OF FINANCIAL INTEREST IN A MUNICIPAL CONTRACT
AS REQUIRED BY G. L. c. 268A, § 20(c)**

SPECIAL MUNICIPAL EMPLOYEE INFORMATION	
Name of special municipal employee:	Suma Adishesu
Put an X beside one statement.	<p>I am a special municipal employee because:</p> <p><input type="checkbox"/> I am a selectman in a town with a population of 10,000 or fewer people;</p> <p><input type="checkbox"/> I am not a mayor, alderman or city councilor, and</p> <p><input checked="" type="checkbox"/> I serve in a municipal position for which no compensation is provided, or</p> <p><input type="checkbox"/> I earned compensation for fewer than 800 hours in the preceding 365-day period, or</p> <p><input type="checkbox"/> By the classification of my position by my municipal agency or by the terms of a contract or my conditions of employment, I am permitted to have personal or private employment during normal business hours.</p> <p><input type="checkbox"/> I work for a company or organization which has a contract with a municipal agency, and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the municipal is contracting for my services in particular, and the contract states that I am a special municipal employee or indicates that I meet one of the three requirements listed above.</p>
Title/ Position	webmaster of Acton Bourborough Cultural Council
Fill in this box if it applies to you.	<p>If you are a special municipal employee because a municipal agency has contracted with your company or organization, please provide the name and address of the company or organization.</p> <p>Acton Bourborough Cultural Council N/A</p>
Municipal Agency/ Department:	This is "my Municipal Agency." Acton Bourborough Cultural Council
Agency Address:	P.O. Box 2291 Acton MA - 01720
Office phone:	N/A
Office e-mail:	abcinfo abcinformation@gmail.com
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected
Starting date as a special municipal employee.	June 2008

FILL IN THIS BOX OR THE NEXT BOX	ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE MUNICIPAL AGENCY AND YOU. - Please explain what the contract is for. <i>The Contract is for a dance recital where an outside artist is invited to perform and the program is organized by myself.</i>
	ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE MUNICIPAL AGENCY AND ANOTHER PERSON OR ENTITY - Please identify the person or entity that has the contract with the municipal agency. - What is your relationship to the person or entity? - What is the contract for?
What is your financial interest in the municipal contract?	- Please explain the financial interest and include the dollar amount if you know it. <i>Requested for the amount of \$150</i>
Date when you acquired the financial interest	<i>Grant application filed October 15. If approved, funding would be after Jan. 15, 2014.</i>
What is the financial interest of your immediate family?	- Please explain the financial interest and include the dollar amount if you know it. <i>NONE</i>
Date when your immediate family acquired the financial interest	
Employee signature:	<i>Sun Adineh</i>
Date:	<i>11/6/2013</i>

Attach additional pages if necessary.

File your completed, signed Disclosure with the city or town clerk.

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

PUBLIC EMPLOYEE INFORMATION	
Name of public employee:	Barbara Estabrook
Title or Position:	Member
Agency/Department:	Acton-Boxborough Cultural Council
Agency address:	PO Box 2291, Acton MA 01720
Office Phone:	none
Office E-mail:	abccinformation@gmail.com
	<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.	Grant application ^s
What responsibility do you have for taking action or making a decision?	One vote, of a plurality of a quorum (6 or more members of an 11-member committee) voting on whether to fund the ^{these} project and how much to fund it ^{at them} .
Explain your relationship or affiliation to the person or organization.	<ol style="list-style-type: none"> 1) serve on the Acton-Boxborough Cultural Council with Suman Adishesu, grant applicant 2) served on the ABCC with Mary Spinoso-Wilson, former ABCC member, Director of Theater with a Twist, grant applicant 3) Board of Directors member, Open Door Theater of Acton MA, grant applicant.
How do your official actions or decision matter to the person or organization?	<ol style="list-style-type: none"> 1) Suman Adishesu's receipt of a grant depends on whether the ABCC votes yes or no. 2) Theater with a Twist's receipt of a grant depends on the vote. 3) Open Door Theater's receipt of a grant application depends on the vote.

<p>Optional: Additional facts – e.g., why there is a low risk of undue favoritism or improper influence.</p>	<p><i>I will not take part in deliberations or voting for the Open Dow Theater application.</i></p>
<p>If you cannot confirm this statement, you should recuse yourself.</p>	<p>WRITE AN X TO CONFIRM THE STATEMENT BELOW.</p> <p><u> X </u> Taking into account the facts that I have disclosed above, I feel that I can perform my official duties objectively and fairly.</p>
<p>Employee signature:</p>	<p><i>Barbara B Estabrook</i></p>
<p>Date:</p>	<p>November 6, 2013</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.

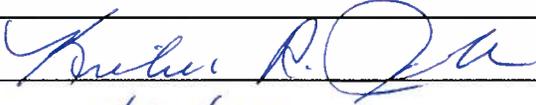
Elected regional school committee member – file with the clerk or secretary of the committee.

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

PUBLIC EMPLOYEE INFORMATION	
Name of public employee:	Gregory D. Hutchins
Title or Position:	Treasurer
Agency/Department:	Acton-Boxborough Cultural Council
Agency address:	P.O. Box 2291 Acton, MA 01720
Office Phone:	N/A
Office E-mail:	abccinformation@gmail.com
	<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.	Grant applications include two from Theatre with a Twist, headed by Mary Spinosa Wilson, former ABCC member; one from Suman Adishesu, current ABCC member.
What responsibility do you have for taking action or making a decision?	Review of all applications and voting on same.
Explain your relationship or affiliation to the person or organization.	I have served on the ABCC with both Ms. Wilson and Ms. Adishesu.
How do your official actions or decision matter to the person or organization?	I will participate in discussions and voting on all grant applications.

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

PUBLIC EMPLOYEE INFORMATION	
Name of public employee:	Kristie Rampton Johnson
Title or Position:	ABCC - Co-Chair
Agency/Department:	ABCC
Agency address:	P.O. B 2291 Acton, MA 01720
Office Phone:	None
Office E-mail:	ABCCinformation@gmail.com
	<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.	1) Grant application submitted by member Susan Adushie 2) Board member Marisa Powell works w/ Sargent Library
What responsibility do you have for taking action or making a decision?	Voting member of ABCC
Explain your relationship or affiliation to the person or organization.	Fellow board member
How do your official actions or decision matter to the person or organization?	It determines if she gets grant money.

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 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.
Employee signature:	
Date:	11/6/13

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.

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

PUBLIC EMPLOYEE INFORMATION	
Name of public employee:	Linda Mayer
Title or Position:	Board Member
Agency/Department:	Acton Boxborough Cultural Council
Agency address:	P.O. Box 2291 Acton MA 01720
Office Phone:	N/A
Office E-mail:	abccinformation@gmail.com
	<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.	Grant applications submitted by Council members Suman Adise Shu
What responsibility do you have for taking action or making a decision?	Vote to on amount, to approve or deny.
Explain your relationship or affiliation to the person or organization.	Fellow board member as above
How do your official actions or decision matter to the person or organization?	Determines whether this organization gets public funds.

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

PUBLIC EMPLOYEE INFORMATION	
Name of public employee:	Sumanda Sahay
Title or Position:	Co-chair
Agency/Department:	Acton - Boxborough Cultural Council
Agency address:	P.O. Box 2291 Acton, MA 01720
Office Phone:	N/A
Office E-mail:	sun.sahay@gmail.com
	<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.	Grant applications for Suman Adisesku, Kuchipudi Ballet - Krishna Paarijatham and Theater with a Twist.
What responsibility do you have for taking action or making a decision?	review of all the applications
Explain your relationship or affiliation to the person or organization.	fellow member
How do your official actions or decision matter to the person or organization?	Determines whether this organization gets public funds

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 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.
Employee signature:	<i>Sunanda</i>
Date: <i>11/6/13</i>	

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.

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

PUBLIC EMPLOYEE INFORMATION	
Name of public employee:	TSE-MING WANG
Title or Position:	ABCC Member
Agency/Department:	ABCC
Agency address:	P.O. Box 2291 Acton, MA 01720
Office Phone:	N/A
Office E-mail:	abccinformation@gmail.com
	<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.	Grant reviews and allocations for ABCC
What responsibility do you have for taking action or making a decision?	Voting member of ABCC
Explain your relationship or affiliation to the person or organization.	I serve on the ABCC with grant application filed by Suman Adiseshu. Also Mary Spinosa Willson, Theatre with Twist is a former ABCC member.
How do your official actions or decision matter to the person or organization?	I'll be impartial to the applicants who are current member or former member of ABCC.

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 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.
Employee signature:	<i>Tse - Ming Wang</i>
Date:	11-6-13

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.