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

	PUBLIC EMPLOYEE INFORMATION
Name of public employee:	Sara E. Ahern, Ed.D.
Title or Position:	Superintendent of Schools
Agency/Department:	Town of Franklin/Franklin Public Schools
Agency address:	355 East Central Street, Suite 3 Franklin, MA 02038
Office Phone:	508-553-4819
Office E-mail:	aherns@franklinps.net
	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.	The Franklin School Committee has appointed me to be a member of the Board of Directors of the ACCEPT Collaborative, a special education collaborative of districts to which Franklin Public Schools belongs. At the recent election (November 5, 2019), Elise Stokes, an employee of ACCEPT was elected to the Franklin School Committee.
What responsibility do you have for taking action or making a decision?	As a Board Member of ACCEPT, I have a responsibility for voting on financial and employment matters related to the collaborative including budgetary decisions and personnel changes.
Explain your relationship or affiliation to the person or organization.	I am a Board Member of ACCEPT Collaborative as well as an employee of the Franklin School Committee.
How do your official actions or decision matter to the person or organization?	A decision I might make related to the finances or personnel of ACCEPT could directly affect a Franklin School Committee member.

Optional: Additional facts – e.g., why there is a low risk of undue favoritism or improper influence.	I will recuse myself from decisions that directly impact the School Committee member. I have requested that ACCEPT split financial and personnel decisions into separate action items, should Ms. Stokes be involved, so that I may still participate and fulfill my responsibility as a Board member.
If you cannot confirm this statement, you should recuse yourself.	WRITE AN X TO CONFIRM THE STATEMENT BELOW. _X 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:	

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