

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

	PUBLIC EMPLOYEE INFORMATION
Name of public employee:	Robert J Galibois
Title or Position:	District Attorney for Cape Cod & Islands
Agency/Department:	Cape & Islands District Attorney's Office
Agency address:	3231 Main St PO Box 455 Barnstable, MA 02630
Office Phone:	508-362-8113
Office E-mail:	Robert.Galibois@Mass.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.	Joining the Board of Directors for a non-profit, Cape Cod Chamber of Commerce.
What responsibility do you have for taking action or making a decision?	Participate and vote on matters before the Board of Directors for the betterment of the organization, the Cape Cod Chamber of Commerce.
Explain your relationship or affiliation to the person or organization.	Member of the Board of Directors,
How do your official actions or decision matter to the person or organization?	I do not envision my official duties as an elected official to interfere with serving in this capacity; however, I am disclosing for awareness. Should a matter arise in my service as a member of the Board of Directors I will take the appropriate course of action at that time.

Optional: Additional facts – e.g., why there is a low risk of undue favoritism or improper influence.	This role as member on the Board of Directors for this non-profit should not collide with my official duties as District Attorney.
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:	Robert J. Galibois
Date:	June 3, 2026

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.