

**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
Agency/Department:	Cape & Islands District Attorney' 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.	Authoring the forward remarks for a book by a local non-profit - Recovery Without Walls - concentrating in substance use recovery for women.
What responsibility do you have for taking action or making a decision?	Authoring the forward remarks for a book by a local non-profit – Recovery Without Walls - concentrating in substance use recovery for women.
Explain your relationship or affiliation to the person or organization.	The organization is a well-known stakeholder in my District focusing on recovery for women.
How do your official actions or decision matter to the person or organization?	Organization is eligible to apply and receive grant funding through my office on an annual basis. Organization did receive \$3,000 in grant funding from my office in fiscal year '26.

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. __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:	<i>Robert J Galibois</i>
Date:	July 7, 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.