

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

	PUBLIC EMPLOYEE INFORMATION
Name of public employee:	Shelly Yarnie
Title or Position:	Associate Commissioner of Food Security and Nutrition Programs
Agency/Department:	MA Department of Transitional Assistance
Agency address:	600 Washington Street 5th Floor Boston MA 02111
Office Phone:	857.891.8065
Office E-mail:	Shelly.yarnie2@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.	None at this time, I want to fully disclose my relationship with the Massachusetts Health Council (MHC).
What responsibility do you have for taking action or making a decision?	I am a voting member of the Massachusetts Health Council and able to recuse myself as necessary.
Explain your relationship or affiliation to the person or organization.	I am a Board Member of the Massachusetts Health Council. I feel that I can be fair and objective when I perform my official duties, taking into account my involvement as a Board Member.
How do your official actions or decision matter to the person or organization?	The MHC is a 104-year-old health advocacy organization with a mission to eliminate health disparities and a vision of a Commonwealth where everyone lives and works in neighborhoods and communities where good health can thrive. MHC is a community partner.

Optional: Additional facts – e.g., why there is a low risk of undue favoritism or improper influence.	As a Board member, I will show undue favor toward the MHC or be improperly influenced by the MHC.
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:	<i>Shelly Yarnie</i>
Date:	December 4, 2024

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.