

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

RECEIVED

STATE ETHICS COMMISSION

|  |   |                     |
|--|---|---------------------|
|  | <b>PUBLIC EMPLOYEE INFORMATION</b>  |                     |
| Name of public employee:   | Martin F. Murphy  | 2012 OCT 26 PM 4:32 |
| Title or Position:   | Commissioner  |                     |
| Agency/Department:   | State Ethics Commission   |                     |
| Agency address:  | 1 Ashburton Place Rm 619, Boston MA 02108   |                     |
| Office Phone:  | (617) 371-9500  | <b>REDACTED</b>     |
| Office E-mail:   |   |                     |
|  | <p>I am expected to perform official duties as a state, county, or municipal employee, and I have a relationship or affiliation with a person or organization involved. A reasonable person would conclude that the person or organization can 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 someone's kinship, rank, position or undue influence.</p> <p>I am filing this disclosure to explain the facts about this relationship or affiliation and to dispel the appearance that I have a conflict of interest.</p> |                     |
|  | <b>APPEARANCE OF FAVORITISM OR INFLUENCE</b>  |                     |
| Describe the issue that is coming before you for decision or action.   | File No. 10-11-0838   |                     |
| What responsibility do you have for taking action or making a decision?                                      | Decide whether to accept recommendation of Enforcement Division with respect to finding reasonable cause and authorizing adjudicatory proceedings.  |                     |
| Describe your relationship or affiliation with someone involved.   | U Mass is peripherally involved in this matter as an agency with which the subject communicated. My firm has represented U Mass in patent litigation. I do not work on those matters.   |                     |
| <b>Optional:</b> 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.  | <p><b>WRITE AN X TO CONFIRM THE STATEMENT BELOW.</b></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>  |                     |

|                     |                      |
|---------------------|----------------------|
| Employee signature: | M. L. F. [Signature] |
| Date: 10-26-12      |                      |

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.

**REDACTED**