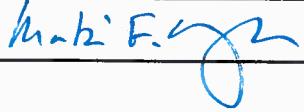


DISCLOSURE OF APPEARANCE OF CONFLICT OF INTEREST  
AS REQUIRED BY G. L. c. 268A, § 23(b)(3)

REDACTED  
20-13-4840

| PUBLIC EMPLOYEE INFORMATION   |   |
|---|---|
| Name of public employee:  | Martin F. Murphy  |
| Title or Position:  | Member  |
| Agency/Department:  | State Ethics Commission   |
| Agency address:   | One Ashburton Place, Room 619, Boston MA 02108  |
| Office Phone:   | (617) 371-9500  |
| Office E-mail:  | n/a   |
|   | <p>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.</p> <p>I am filing this disclosure to disclose the facts about this relationship or affiliation and to dispel the appearance of a conflict of interest.</p> |
| APPEARANCE OF FAVORITISM OR INFLUENCE   |   |
| Describe the issue that is coming before you for action or decision.                                  | File No. 10-13-0208   |
| What responsibility do you have for taking action or making a decision?                               | As a member of the Commission I am responsible for determining, with the other commissioners, whether to authorize a preliminary inquiry.   |
| Explain your relationship or affiliation to the person or organization.                               | I have known the respondent professionally for about 25 years.  |
| How do your official actions or decision matter to the person or organization?                        | The person with whom I am acquainted is the respondent in this matter.  |
| Optional: Additional facts – e.g., why there is a low risk of undue favoritism or improper influence. | I would not characterize the respondent as a personal friend of mine.   |

|  |  |
|--|--|
| <b>If you cannot confirm this statement, you should recuse yourself.</b> | <b>WRITE AN X TO CONFIRM THE STATEMENT BELOW.</b><br><input checked="" type="checkbox"/> Taking into account the facts that I have disclosed above, I feel that I can perform my official duties objectively and fairly. |
| <b>Employee signature:</b>   |   |
| <b>Date:</b><br><u>8/2/13</u>  |  |

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**