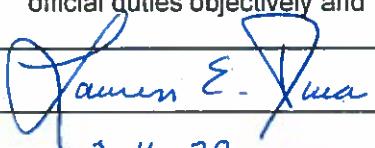


REDACTED**DISCLOSURE OF APPEARANCE OF CONFLICT OF INTEREST
AS REQUIRED BY G. L. c. 268A, § 23(b)(3)**

2020 FEB 4 PM 2:50

PUBLIC EMPLOYEE INFORMATION	
Name of public employee:	Lauren E. Duca
Title or Position:	Deputy Chief/SFI
Agency/Department:	State Ethics Commission
Agency address:	1 Ashburton Place Boston, MA 02108
Office Phone:	617-371-9503
Office E-mail:	Lauren.Duca@mass.gov
	<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.	Currently, I have a request for advice about the conflict of interest law from [REDACTED] an attorney [REDACTED]. I also receive such requests from attorneys or staff there from time to time.
What responsibility do you have for taking action or making a decision?	In response to requests, I give advice about the conflict of interest law.
Explain your relationship or affiliation to the person or organization.	A member of my agency's five-person Commission, [REDACTED], is affiliated with the entity. A reasonable person could conclude that I could show undue favor toward a Commissioner who oversees my agency or toward the Commissioner's professional colleagues.

How do your official actions or decision matter to the person or organization?	The advice that I give will assist the Commissioner's professional colleagues in understanding their own obligations under the conflict of interest law or in providing legal services to the firm's clients.
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. <u>XX</u> Taking into account the facts that I have disclosed above, I feel that I can perform my official duties objectively and fairly.
Employee signature:	
Date:	2-4-20

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.

Form revised July, 2012