

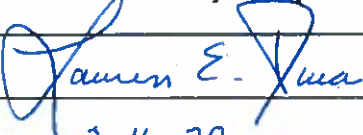
**REDACTED**

**REDACTED**

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

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| <b>PUBLIC EMPLOYEE INFORMATION</b>                                      |   |
|---|---|
| Name of public employee:  | Lauren E. Duca  |
| Title or Position:  | Deputy Chief/SFI  |
| Agency/Department:  | State Ethics Commission   |
| Agency address:   | 1 Ashburton Place<br>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> |
| <b>APPEARANCE OF FAVORITISM OR INFLUENCE</b>                            |   |
| 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.                       |
| <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><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.</p> |
| 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.