


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

PUBLIC EMPLOYEE INFORMATION	
Name of public employee:	Morris A. Bergman
Title or Position:	City Council At-Large
Agency/Department:	Worcester City (ot)
Agency address:	455 MAIN STREET WORCESTER, MA
Office Phone:	(508) 799-1049
Office E-mail:	BERGMAN M @ WORCESTER.MA.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.	CHANGES TO CABLE SERVICES AND OWNERSHIP
What responsibility do you have for taking action or making a decision?	VOTING MEMBER OF CITY COUNCIL AND MEMBER OF PUBLIC SERVICE AND TRANSPORTATION SUB-COMMITEE OF THE CITY COUNCIL
Explain your relationship or affiliation to the person or organization.	Participant on Rosen's Reuntable WHICH APPEARS ON CHANNEL 13 WORCESTER PUBLIC ACCESS CHANNEL
How do your official actions or decision matter to the person or organization?	DONT KNOW-BUT THEY ARE OPRESSING ANY CHANGES TO CABLE SERVICES AND/OR OWNERSHIP CHANGES

<p>Optional: Additional facts – e.g., why there is a low risk of undue favoritism or improper influence.</p>	<p>I volunteer on the program and do NOT know or care about changes to cable services or ownership changes even if this program is cancelled.</p>
<p>If you cannot confirm this statement, you should recuse yourself.</p>	<p>WRITE AN X TO CONFIRM THE STATEMENT BELOW.</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>
<p>Employee signature:</p>	
<p>Date:</p>	<p>10/1/14</p>

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.

**INSTRUCTIONS FOR DISCLOSURE BY STATE, COUNTY OR MUNICIPAL EMPLOYEE
AS REQUIRED BY G. L. c. 268A, § 23(b)(3)**

APPEARANCE OF FAVORITISM OR INFLUENCE

WHEN TO USE THIS DISCLOSURE FORM

You are **expected to perform official duties as a state, county or municipal employee**. A reasonable person could conclude that someone can **unduly enjoy your favor or improperly influence you** when you perform your official duties, or that you are **likely to act or fail to act as a result of kinship or the rank, position or undue influence** of some party or person. For example, you have a relationship or affiliation with a person or organization that is a party, or represents a party, or may be affected by your official actions, or takes a public stance about those actions or the outcome. Taking this affiliation or relationship into account, you have concluded that you can be **fair and objective** when you perform your official duties. **Before you perform your official duties, you must file a § 23(b)(3) disclosure.**

For example, you should file a § 23(b)(3) disclosure under the following circumstances:

- You will perform official duties in a situation that involves or affects **non-immediate family members** (e.g., a grandparent, aunt, uncle, cousin, niece or nephew), **close friends, former or present colleagues or customers, or professionals with whom you have a business relationship.**
- You are a **member or leader of a trade association or a civic organization**, and the association or organization has an interest in the public work you will do.
- You are an **officer, director, trustee, partner or employee of a non-profit organization which is not a business organization**, and the non-profit has an interest that will be affected when you perform your official duties.

It may be helpful to include the following information in your disclosure:

- **The nature of the official duties** you are supposed to perform;
- **The nature of the issue that is coming before you** for action or decision;
- **Your relationship or affiliation with a person or organization involved;**
- **Facts** that would indicate that you would not show undue favor toward the person or be improperly influenced by the person or organization, or that you would not be likely to act or fail to act as a result of kinship or the rank, position or undue influence of a party or person.

In the disclosure, you must state that you feel you can be **fair and objective** when you perform your official duties, taking into account the involvement of the person or organization you identified.

If you feel that you **cannot perform your duties fairly and objectively** because of an affiliation or relationship you have with someone involved, you should **voluntarily recuse yourself**.

FILING THE DISCLOSURE

Complete the **disclosure** below.

If you are a **non-elected public employee**, file the disclosure with your **appointing authority**. After you file the disclosure, you do not need authorization from your appointing authority before you perform your official duties.

If you are an **elected public employee**, file the disclosure in a public manner **as instructed at the bottom of the disclosure below**.

OTHER § 23(b)(3) DISCLOSURES

Pursuant to regulations, there are other specific disclosure forms to report the following types of gifts in accordance with § 23(b)(3):

- **Gifts unrelated to your official action, position or duties – 930 CMR 5.06;**
- **Travel expenses – 930 CMR 5.08(2)(d)4;**
- **In-state travel for educational purposes – 930 CMR 5.08(2)(e);**
- **Honorary degrees – 930 CMR 5.08(5);**
- **Awards for meritorious public service or lifetime achievement – 930 CMR 5.08(6).**

If you receive gifts of these types, these regulations require you to file a disclosure if a **particular matter regarding a giver** came before you within **six months before you accepted the gift** and/or within **six months after you accepted the gift**. Please review the instructions for the disclosure you need.

If you need advice about completing the disclosure, please call the Attorney of the Day at (617) 371-9500 or e-mail the State Ethics Commission at opinions@eth.state.ma.us.

Form revised July, 2012

