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

	PUBLIC EMPLOYEE INFORMATION
Name of public employee:	Joan B. Lovely
Title or Position:	State Senator
Agency/Department:	State Senate
Agency address:	Room 413A, State House Boston, MA 02133
Office Phone:	617-722-1410
Office E-mail:	Joan.lovely@masenate.gov
	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. I am filing this disclosure to disclose the facts about this relationship or affiliation and to dispel the appearance of a conflict of interest.
	APPEARANCE OF FAVORITISM OR INFLUENCE
Describe the issue that is coming before you for action or decision.	I plan to co-sponsor S. 896, An Act prohibiting discrimination against adults with disabilities in family and juvenile court proceedings. The bill ensures that capable parents with disabilities are not denied the right to raise their children.
What responsibility do you have for taking action or making a decision?	I plan to co-sponsor S. 896. It would also require adoption by the Massachusetts Senate.
Explain your relationship or affiliation to the person or organization.	My daughter is currently employed by the Essex County District Attorney's office and potentially could be effected by this legislation in her role in the District Attorney's office.
How do your official actions or decision matter to the person or organization?	If S. 896 is adopted, the District Attorney's office may be involved in legal proceedings relative to the custody of a child and may be effected by the requirements of the bill.
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.** _X_ 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:	4/24/17

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