


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

	PUBLIC EMPLOYEE INFORMATION
Name of public employee:	Joanne M. Comerford
Title or Position:	State Senator
Agency/Department:	Massachusetts State Senate
Agency address:	24 Beacon Street Room 410 Boston, MA 02133
Office Phone:	(617) 722-1532
Office E-mail:	Jo.Comerford@masenate.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.	There is currently no issue before me, but I am the parent of two children who were adopted from the Department of Children and Families (DCF). My children continue to receive MassHealth benefits stemming from their time with DCF, and I receive a twice monthly stipend as part of the adoption of one of my children. I am filing this disclosure out of an abundance of caution in advance of the Senate's consideration of the 2026 budget and any related appropriation bills to dispel any appearance of a conflict of interest.
What responsibility do you have for taking action or making a decision?	As a member of the Massachusetts Senate, I may be called to vote on, or otherwise participate in my official capacity, on legislation or matters in which DCF and/or MassHealth may have an interest, including but not limited to, the 2026 budget and any related appropriation bills.
Explain your relationship or affiliation to the person or organization.	My wife and I receive a twice monthly stipend from DCF, and our children continue to receive MassHealth benefits stemming from their time with DCF.
How do your official actions or decision	

matter to the person or organization?	DCF and/or MassHealth may have an interest in general legislation on which I may be called to vote on or otherwise participate in, including, but not limited to, the fiscal 2026 budget and any related appropriation bills. No current conflict exists, and I am submitting this disclosure out of an abundance of caution.
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. <input type="checkbox"/> 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:	March 28, 2025

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.