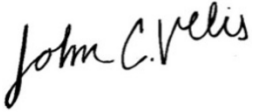


**DISCLOSURE OF APPEARANCE OF CONFLICT OF INTEREST
AS REQUIRED BY G. L. c. 268A, § 23(b)(3)**

	PUBLIC EMPLOYEE INFORMATION
Name of public employee:	John C. Velis
Title or Position:	State Senator, Hampden and Hampshire
Agency/Department:	Massachusetts State Senate
Agency address:	24 Beacon St. Room 513 Boston, MA, 02133
Office Phone:	(617) 722-1415
Office E-mail:	john.velis@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.	Several bills have been filed relative to military service, including the Massachusetts National Guard.
What responsibility do you have for taking action or making a decision?	As a member of the State Senate, including as the Senate Chair of the Joint Committee on Veterans and Federal Affairs, I may review, consider, publicly comment on, vote on, and take on other actions on legislation and other matters relative to military servicemembers in the Commonwealth, including, but not limited to, the Massachusetts National Guard.
Explain your relationship or affiliation to the person or organization.	I am a member of the Massachusetts National Guard.
How do your official actions or decision matter to the person or organization?	My official actions or decisions could affect policy areas in which the Massachusetts National Guard and its members have interests.
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:	May 5, 2023

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.