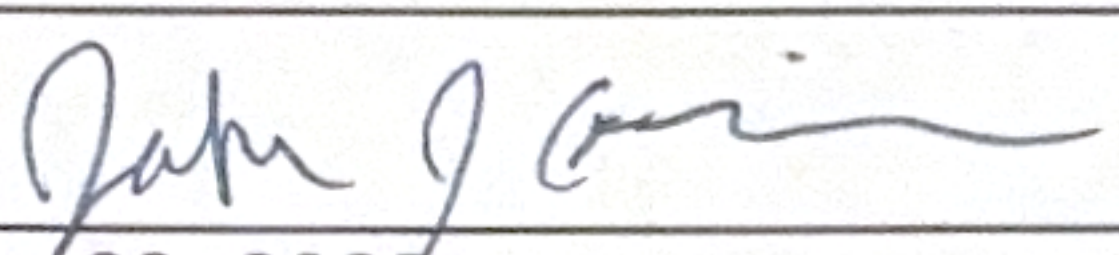


**DISCLOSURE OF APPEARANCE OF CONFLICT OF INTEREST
AS REQUIRED BY G. L. c. 268A, § 23(b)(3)**

	PUBLIC EMPLOYEE INFORMATION
Name of public employee:	John J. Cronin
Title or Position:	State Senator
Agency/Department:	Massachusetts State Senate
Agency address:	Massachusetts State House 24 Beacon Street, Room 218 Boston, MA 02133
Office Phone:	617-722-1230
Office E-mail:	John.cronin@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.	During the 2025-2026 legislative session, the Senate will consider several bills related to military service.
What responsibility do you have for taking action or making a decision?	As a member of the Senate, I may review, consider, publicly comment on, vote, and take other actions on legislation and other matters relative to military services members in the Commonwealth, including veterans.
Explain your relationship or affiliation to the person or organization.	I served in the U.S. Army as a Captain.
How do your official actions or decision matter to the person or organization?	My official actions or decisions could affect policy areas in which members of the military service members and/or veterans have interests.
Optional: Additional facts – e.g., why	While no current conflict exists, out of an abundance of caution, I am filing this disclosure to dispel any appearance of a conflict.

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 22, 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.