Commonwealth of Massachusetts
STATE ETHICS COMMISSION
One Ashburton Place - Room 619
Boston, Massachusetts 02108

STATEMENT OF FINANCIAL INTERESTS (SFI)
CALENDAR YEAR 2017

Contact Information

Name: ***(First, Middle Initial, Last)***

Note: *Primary residence address must be a physical address. A P.O. box will not be accepted.* ***Primary residence*** *is the place where you live more than 50% of the time.*

Primary Residence Address: ***(Street, City, State, Zip Code)***

Note: *Contact mailing address must be a physical address. A P.O. box will not be accepted.*

Contact Mailing Address: ***(Street, City, State, Zip Code)***
☐ **Same as Primary Residence Address**

Note: *You must provide a work phone number if you are currently serving in a position that requires you to file an SFI and that position has a work phone number. Otherwise, you must provide a personal phone number.*

Work Phone Number:	**Personal Phone Number:**

Note: *Please provide your work email address if you are currently serving in a position that requires you to file an SFI and that position has an email address. Otherwise, please provide a personal email address if available.*

Work Email Address:	**Personal Email Address:**

Did you have a spouse residing in your household at any time during 2017?	☐ **Yes** ☐ **No**
Did you have any dependent child(ren) residing in your household at any time during 2017?	☐ **Yes** ☐ **No**

Candidates and Public Service

1. Candidates

Are you filing ONLY because you are a candidate for public office? ☐ **Yes** ☐ **No**

> ***Public office*** *is a position for which one is nominated at a state primary or chosen at a state election, excluding the positions of Senator and Representative in the United States Congress and the office of regional school district school committee member elected district-wide.*

If yes, please identify the office for which you are a candidate:

____

2. Your Public Position

Identify the position you now hold, or have held, which requires you to file a Statement of Financial Interests and provide the required information for that position. If you held more than one public position which requires you to file, identify each position.

☐ **Not Applicable. I am filing a Statement of Financial Interests ONLY because I am a candidate for public office. → SKIP TO QUESTION 3**

Agency Name:		
Agency Address: ***(Street, City, State, Zip Code)***		
Position:	**Start Date in Position:**	**End Date in Position:** *(if applicable)*
Work Phone:	**Work Email Address:**	
Alternate Phone: *(required if you no longer hold that position)*	**Alternate Email Address:** *(if you no longer hold that position)*	
Amount of Income Earned in 2017:	☐ n/a ☐ Less than $1,001 ☐ $1,001 to 5,000 ☐ $ 5,001 to 10,000 ☐ $10,001 to 20,000	☐ $20,001 to 40,000 ☐ $40,001 to 60,000 ☐ $60,001 to 100,000 ☐ $100,001 or more

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

3. Your Other Public Positions and Services Provided By You to Public Agencies, If Any

Other than the position(s) identified in Question 2, identify every public position you held, and every public agency to which you provided services, at any time during 2017, whether compensated or not, and whether full- or part-time.

Public position *includes federal, state, county, regional, and municipal positions.*

Services provided *include work done for any such entity as a consultant or independent contractor. These positions and/or services may have been paid or unpaid. If you have any questions about what you should include in your response, please contact the State Ethics Commission.*

☐ **Not Applicable. I did not hold a public position or provide services to any public agency at any time during 2017, OTHER than the position or services that require me to file a Statement of Financial Interests. → SKIP TO QUESTION 4**

Public Agency: ☐ County ☐ Federal ☐ Municipal ☐ Regional ☐ State	**Public Agency Name:**
Position:	**Agency Address:** ***(Street, City, State, Zip Code)***
Amount of Income earned in 2017: ☐ n/a ☐ Less than $1,001 ☐ $1,001 to 5,000 ☐ $ 5,001 to 10,000 ☐ $10,001 to 20,000 ☐ $20,001 to 40,000 ☐ $40,001 to 60,000 ☐ $60,001 to 100,000 ☐ $100,001 or more	**Were you a consultant/contractor?** ☐ **Yes** ☐ **No** *If you were a consultant or contractor, describe the services provided:*

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

4. <u>Public Positions of Your Spouse and/or any Dependent Child(ren) Residing in Your Household and Services Provided By Them to Any Public Agencies</u>

Identify every public position your spouse and/or any dependent child(ren) residing in your household during 2017 held, and every public agency to which your spouse and/or any dependent child(ren) residing in your household provided services, at any time during 2017, whether compensated or not, and whether full- or part-time.

☐ **Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2017. → SKIP TO QUESTION 5**

☐ **Not Applicable. My spouse and/or any dependent child(ren) residing in my household at any time during 2017, did not hold any public position(s) or provide services to any public agency, at any time during 2017, whether compensated or not, and whether full- or part-time. → SKIP TO QUESTION 5**

<table>
<tr><td>Public Agency:

☐ County
☐ Federal
☐ Municipal
☐ Regional
☐ State</td><td>Public Agency Name:</td></tr>
<tr><td>Position:</td><td>Agency Address: (Street, City, State, Zip Code)</td></tr>
<tr><td colspan="2">Was your spouse or dependent child a consultant/contractor? ☐ Yes ☐ No

If your spouse or dependent child was a consultant or contractor, describe services provided:</td></tr>
</table>

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

Private Employment and Leaves of Absence

NOTE: <u>Questions 5-7</u> of this section require you, if applicable, to provide information about a Business, including its name and address. If the name of the Business includes a family member's name other than your own, or the address of the Business is the same address where you or any of your family members reside, it is **<u>NOT</u>** subject to confidentiality under the law. The name of any such Business and/or the address of any such Business will **<u>NOT</u>** be redacted by the State Ethics Commission and will be available for review by any person making a written request to inspect your SFI.

Business *includes all corporations (for profit and not-for-profit), partnerships, sole proprietorships, firms, franchises, associations, organizations, holding companies, joint stock companies, receiverships, business trusts, real estate trusts, and any other legal entities organized for profit or for charitable purposes. It does **<u>NOT</u>** include government agencies; real estate trusts formed **<u>SOLELY</u>** for the purpose of holding in a trust, residential property where the filer and/or one or more of the filer's family members, such as a parent, resides; and associations formed **<u>SOLELY</u>** for the purpose of holding residential condominium property where the filer and/or one or more of the filer's family members, such as a parent, resides.*

5. <u>Your Private Employment</u>

Identify every Business for which you worked as an employee, manager, consultant, or independent contractor at any time during 2017, whether compensated or not, and whether full- or part-time, and provide the required information for each.

☐ Not Applicable. I was not privately employed by a business or self-employed at any time during 2017. → SKIP TO QUESTION 6

Name of Business:	**Position held with Business:** ☐ Employee ☐ Manager ☐ Consultant ☐ Independent Contractor	**Self-employed:** ☐ Yes ☐ No
Business Address: ***(Street, City, State, Zip Code)***		
Income in 2017, if in excess of $1,000: *"Income" includes any fee, salary, allowance, forgiveness, interest, dividend, royalty, rent, capital gain, and any other form of compensation, or any combination of the foregoing.*	☐ n/a ☐ $1,001 to 5,000 ☐ $ 5,001 to 10,000 ☐ $10,001 to 20,000 ☐ $20,001 to 40,000 ☐ $40,001 to 60,000 ☐ $60,001 to 100,000 ☐ $100,001 or more	

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

6. Your Leaves of Absence

Were you on a leave of absence from any Business at any time during 2017? ☐ Yes ☐ No

If yes, identify any Business from which you were on a leave of absence at any time during 2017, and provide its address.

Name of Business:	**Business Address:** ***(Street, City, State, Zip Code)***

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

7. Private Employment of Your Spouse and/or any Dependent Child(ren) Residing in Your Household

Identify every Business for which your spouse and/or any dependent child(ren) residing in your household during 2017 worked as an employee, manager, consultant, or independent contractor at any time during 2017, whether compensated or not, and whether full- or part-time, and provide the required information for each.

☐ **Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2017. → SKIP to QUESTION 8**

☐ **Not Applicable. My spouse and/or any dependent child(ren) residing in my household during 2017 did not work as an employee, manager, consultant, or independent contractor of any Business at any time during 2017, whether compensated or not, and whether full- or part-time. → SKIP to QUESTION 8**

Name of Business:	**Position held with Business:** ☐ **Employee** ☐ **Manager** ☐ **Consultant** ☐ **Independent Contractor**	**Self-employed:** ☐ **Yes** ☐ **No**
Business Address: ***(Street, City, State, Zip Code)***		

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

Business Ownership and Transfers by You of Business Ownership

NOTE: <u>Questions 8-10</u> of this section require you, if applicable, to provide information about a Business, including its name and address. If the name of the Business includes a family member's name other than your own, or the address of the Business is the same address where you or any of your family members reside, it is **<u>NOT</u>** subject to confidentiality under the law. The name of any such Business and/or the address of any such Business will **<u>NOT</u>** be redacted by the State Ethics Commission and will be available for review by any person making a written request to inspect your SFI.

Business *includes all corporations (for profit and not-for-profit), partnerships, sole proprietorships, firms, franchises, associations, organizations, holding companies, joint stock companies, receiverships, business trusts, real estate trusts, and any other legal entities organized for profit or for charitable purposes. It does* ***<u>NOT</u>*** *include government agencies; real estate trusts formed* ***<u>SOLELY</u>*** *for the purpose of holding in a trust, residential property where the filer and/or one or more of the filer's family members, such as a parent, resides; and associations formed* ***<u>SOLELY</u>*** *for the purpose of holding residential condominium property where the filer and/or one or more of the filer's family members, such as a parent, resides.*

8. <u>Businesses You Owned, In Whole or In Part</u>

Identify each Business of which you were, in whole or in part, an owner, partner, or proprietor, or in which you owned more than 1% of any class of the outstanding stock or similar ownership interest, at any time during 2017, and provide the required information for each.

☐ **Not Applicable. I was not the owner (in whole or in part), a partner, or a proprietor, and I did not own more than 1% of any class of the outstanding stock or similar ownership interest of a Business, at any time during 2017. → SKIP TO QUESTION 9**

Name of Business:	**Business Address:** ***(Street, City, State, Zip Code)***	
Percentage of stock or other ownership interest: *Percentage of stock should be more than 1 but less than or equal to 100.* ________%	**Income derived, if in excess of $1000:** *"**Income**" includes any fee, salary, allowance, forgiveness, interest, dividend, royalty, rent, capital gain, and any other form of compensation, or any combination of the foregoing.*	☐ n/a ☐ $1,001 to 5,000 ☐ $ 5,001 to 10,000 ☐ $10,001 to 20,000 ☐ $20,001 to 40,000 ☐ $40,001 to 60,000 ☐ $60,001 to 100,000 ☐ $100,001 or more

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

9. Businesses Owned In Whole or In Part by Your Spouse and/or any Dependent Child(ren) Residing in Your Household

Identify each Business of which your spouse and/or any dependent child(ren) residing in your household during 2017 was, in whole or in part, an owner, partner or proprietor, or in which your spouse and/or any dependent child(ren) residing in your household owned more than 1% of any class of the outstanding stock or similar ownership interest, at any time during 2017, and provide the required information for each.

☐ **Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2017. → SKIP TO QUESTION 10**

☐ **Not Applicable. My spouse and/or any dependent child(ren) residing in my household during 2017 was not an owner (in whole or in part), partner or proprietor, and did not own more than 1% of any class of the outstanding stock or similar ownership interest of a Business, at any time during 2017. → SKIP TO QUESTION 10**

Name of Business:	**Business Address:** ***(Street, City, State, Zip Code)***

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

10. Transfers of Business Ownership By You to Your Spouse and/or any Dependent Child(ren) Residing in Your Household

Identify any stock or similar ownership interest in a Business which you transferred to your spouse and/or any dependent child(ren) residing in your household during 2017, and provide the required information for each.

☐ **Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2017. → SKIP TO QUESTION 11.**

☐ **Not Applicable. I did not transfer any stock or similar ownership interest in any Business to my spouse and/or any dependent child(ren) residing in my household during 2017. → SKIP TO QUESTION 11.**

Name of Business:	**Business Address:** ***(Street, City, State, Zip Code)***	**Description of Stock or Other Ownership Interest Transferred**	**Percentage of Stock or Other Ownership Interest Transferred**

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

Service as an Officer, Director, or Trustee of a Business

NOTE: <u>Questions 11-12</u> of this section require you, if applicable, to provide information about a Business, including its name and address. If the name of the Business includes a family member's name other than your own, or the address of the Business is the same address where you or any of your family members reside, it is **<u>NOT</u>** subject to confidentiality under the law. The name of any such Business and/or the address of any such Business will **<u>NOT</u>** be redacted by the State Ethics Commission and will be available for review by any person making a written request to inspect your SFI.

Business *includes all corporations (for profit and not-for-profit), partnerships, sole proprietorships, firms, franchises, associations, organizations, holding companies, joint stock companies, receiverships, business trusts, real estate trusts, and any other legal entities organized for profit or for charitable purposes. It does* ***<u>NOT</u>*** *include government agencies; real estate trusts formed* ***<u>SOLELY</u>*** *for the purpose of holding in a trust, residential property where the filer and/or one or more of the filer's family members, such as a parent, resides; and associations formed* ***<u>SOLELY</u>*** *for the purpose of holding residential condominium property where the filer and/or one or more of the filer's family members, such as a parent, resides.*

11. <u>Your Service as an Officer, Director, or Trustee of a Business</u>

Identify any Business in which you served as an officer, director, or trustee, at any time during 2017, whether compensated or not, and whether full or part-time, and provide the required information for each.

☐ **Not Applicable. I did not serve as an officer, director, or trustee of a Business at any time during 2017 whether compensated or not, and whether full - or part-time. → SKIP TO QUESTION 12**

Name of Business:	**Business Address:** ***(Street, City, State, Zip Code)***	
Position: ☐ **Officer** ☐ **Director** ☐ **Trustee**	**Income derived, if in excess of $1000:** *"**Income**" includes any fee, salary, allowance, forgiveness, interest, dividend, royalty, rent, capital gain, and any other form of compensation, or any combination of the foregoing.*	☐ n/a ☐ $1,001 to 5,000 ☐ $ 5,001 to 10,000 ☐ $10,001 to 20,000 ☐ $20,001 to 40,000 ☐ $40,001 to 60,000 ☐ $60,001 to 100,000 ☐ $100,001 or more

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

12. <u>Service by Your Spouse and/or any Dependent Child(ren) Residing in Your Household as an Officer, Director, or Trustee of a Business</u>

Identify any Business in which your spouse and/or any dependent child(ren) residing in your household during 2017 served as an officer, director, or trustee, at any time during 2017, whether compensated or not, and whether full- or part-time, and provide the required information for each.

☐ **Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2017. → SKIP TO QUESTION 13**

☐ **Not Applicable. My spouse and/or any dependent child(ren) residing in my household during 2017 did not serve as an officer, director, or trustee of a Business at any time during 2017 whether compensated or not, and whether full-or part-time. → SKIP TO QUESTION 13**

	Name of Business:	**Position:**	**Business Address:** ***(Street, City, State, Zip Code)***
1.		☐ **Officer** ☐ **Director** ☐ **Trustee**	
2.		☐ **Officer** ☐ **Director** ☐ **Trustee**	
3.		☐ **Officer** ☐ **Director** ☐ **Trustee**	
4.		☐ **Officer** ☐ **Director** ☐ **Trustee**	
5.		☐ **Officer** ☐ **Director** ☐ **Trustee**	

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

Real Estate

Business *includes all corporations (for profit and not for profit), partnerships, sole proprietorships, firms, franchises, associations, organizations, holding companies, joint stock companies, receiverships, business trusts, real estate trusts, and any other legal entities organized for profit or for charitable purposes. It does* ***NOT*** *include government agencies; real estate trusts formed* ***SOLELY*** *for the purpose of holding in a trust, residential property where the filer and/or one or more of the filer's family members, such as a parent, resides; and associations formed* ***SOLELY*** *for the purpose of holding residential condominium property where the filer and/or one or more of the filer's family members, such as a parent, resides.*

Real Estate *means all interests in real property, including, but not limited to, developed or undeveloped land, buildings and structures of any kind, condominiums, cooperative apartments, time shares and other fractional ownership interests in land or buildings, and rights in land, including easements, air rights, mineral rights, and the like, excluding any Real Estate that you held as a trustee, nominee, or agent for another person, unless you held such Real Estate for yourself, or for your spouse and/or any dependent child(ren) residing in your household.*

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

13. Real Estate in Massachusetts That You Own

Identify all Real Estate in Massachusetts which you owned directly or through a Business as of December 31, 2017, and which had an assessed value greater than $1,000, and provide the required information for each Real Estate holding.

DO NOT LIST ANY REAL ESTATE THAT YOU HELD AS A TRUSTEE, NOMINEE, OR AGENT FOR ANOTHER PERSON, UNLESS YOU HELD SUCH REAL ESTATE FOR YOURSELF, OR FOR YOUR SPOUSE AND/OR ANY DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD.

☐ **Not Applicable. I did not own directly or through a Business, any Real Estate in Massachusetts at any time during 2017. → SKIP TO QUESTION 14**

Address: ***(Street, City, State, Zip Code)*** *Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.*

Assessed value of Real Estate:	☐ n/a ☐ $1,001 to 5,000 ☐ $ 5,001 to 10,000 ☐ $10,001 to 20,000	☐ $20,001 to 40,000 ☐ $40,001 to 60,000 ☐ $60,001 to 100,000 ☐ $100,001 or more	**Do you own this real estate with your spouse and/or any dependent child(ren) residing in your household during 2017?** ☐ **Yes** ☐ **No**

Was this Real Estate transferred to you or your Business during 2017? ☐ **Yes** ☐ **No**

If yes, identify the person who transferred it to you and that person's address.

Name: ***(First, Middle Initial, Last)*** *Do not disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.*	**Address:** ***(Street, City, State, Zip Code)*** *Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.*

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

14. Real Estate in Massachusetts Owned by Your Spouse and/or any Dependent Child(ren) Residing in Your Household

Other than the Real Estate identified in Question 13, identify all Real Estate in Massachusetts which your spouse and/or any dependent child(ren) residing in your household during 2017 owned directly or through a Business as of December 31, 2017, and which had an assessed value greater than $1,000.

DO NOT LIST ANY REAL ESTATE THAT YOUR SPOUSE AND/OR DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD HELD AS A TRUSTEE, NOMINEE, OR AGENT FOR ANOTHER PERSON, UNLESS YOUR SPOUSE AND/OR DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD HELD SUCH REAL ESTATE FOR YOU, HIMSELF OR HERSELF, OR FOR THE DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD.

☐ **Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2017. → SKIP TO QUESTION 15**

☐ **Not Applicable. My spouse and/or any dependent child(ren) residing in my household during 2017 did not own directly or through a Business any Real Estate in Massachusetts as of December 31, 2017, with an assessed value greater than $1,000. → SKIP TO QUESTION 15**

Address: *(Street, City, State, Zip Code)* *Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.*

Was this Real Estate transferred to your spouse and/or any dependent child(ren) residing in your household during 2017 or to a Business owned by your spouse and/or any dependent child(ren) residing in your household during 2017? ☐ **Yes** ☐ **No**

If yes, identify the person who transferred it to your spouse and/or any dependent child(ren) and that person's address.

Name: *(First, Middle Initial, Last)* *Do not disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.* .	**Address: *(Street, City, State, Zip Code)*** *Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.*

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

NOTE: **Questions 15-20** seek information about business, charitable, and realty Trusts. These questions also seek information about family Trusts, but only if you had a right to the Trust's assets as of December 31, 2017. Do **NOT** report information regarding any family Trust if your right to Trust assets depends on the occurrence of a future event that had not occurred as of December 31, 2017. For example, if your parents created a family Trust that owns their vacation home on Cape Cod for the benefit of their children and grandchildren after their deaths, and both your parents are deceased on December 31, 2017, you would report this Trust; but if your parents created such a Trust and were still living as of December 31, 2017, you would **NOT** report this Trust.

15. Your Interests in Trusts that Own Real Estate in Massachusetts

Identify any Trust of which you were a beneficiary and which owned Real Estate in Massachusetts as of December 31, 2017, with an assessed value greater than $1,000, and provide the required information for each such Trust and Real Estate holding.

*A **Trust** is a legal entity in which a trustee holds legal ownership of property for the benefit of other persons, referred to as the beneficiaries.*

***Real Estate** means all interests in real property, including but not limited to, developed and undeveloped land, buildings and structures of any kind, condominiums, cooperative apartments, time shares and other fractional ownership interests in land or buildings, and rights in land, including easements, air rights, mineral rights, and the like.*

☐ **Not Applicable. I was not a beneficiary of any Trust which owned Real Estate in Massachusetts as of December 31, 2017, with an assessed value greater than $1,000. → SKIP TO QUESTION 16**

Name of Trust: *Do not disclose the name of a Trust that includes the name or residential address of a living member of your family. Where applicable, put "Family Name/Address Trust" Instead of the name.*			
Address: *(Street, City, State, Zip Code)* *Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.*			
Assessed value of Real Estate:	☐ n/a ☐ $1,001 to 5,000 ☐ $ 5,001 to 10,000 ☐ $10,001 to 20,000	☐ $20,001 to 40,000 ☐ $40,001 to 60,000 ☐ $60,001 to 100,000 ☐ $100,001 or more	**Was your spouse and/or any dependent child(ren) residing in your household also a beneficiary of the same Trust?** ☐ **Yes** ☐ **No**
Was this Real Estate transferred to the Trust during 2017? ☐ **Yes** ☐ **No** **If yes, identify the person who transferred it to the Trust and that person's address.**			
Name: *Do not disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.*	**Address: *(Street, City, State, Zip Code)*** *Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.*		

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

16. Interests of Your Spouse and/or any Dependent Child(ren) Residing in Your Household in Trusts that Own Real Estate in Massachusetts

Other than the Real Estate identified in Question 15, identify any Trust of which your spouse and/or any dependent child(ren) residing in your household during 2017 was a beneficiary and which owned Real Estate in Massachusetts as of December 31, 2017, with an assessed value greater than $1,000, and provide the required information for each such Trust and Real Estate holding.

☐ **Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2017. → SKIP TO QUESTION 17**

☐ **Not Applicable. My spouse and/or any dependent child(ren) residing in my household during 2017 was not a beneficiary of any Trust that owned Real Estate in Massachusetts as of December 31, 2017, with an assessed value greater than $1,000. → SKIP TO QUESTION 17**

Name of Trust: *Do not disclose the name of a Trust that includes the name or residential address of a living member of your family. Where applicable, put "Family Name/Address Trust" instead of the name.*

Address of Real Estate owned by Trust: *(Street, City, State, Zip Code)* *Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the name.*

Was this Real Estate transferred to the Trust during 2017? ☐ **Yes** ☐ **No**

If yes, identify the person who transferred it to the Trust and that person's address.

Name: *Do not disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.*	**Address: *(Street, City, State, Zip Code)*** *Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.*

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

17. Transfers of Real Estate in Massachusetts to Another Person or Entity by You, or by a Trust of Which You Were a Beneficiary

Identify any Real Estate in Massachusetts with an assessed value greater than $1,000, that was transferred to another person or entity by you, or by a Trust of which you were a beneficiary, at any time during 2017, and provide the required information for each Real Estate holding.

☐ **Not Applicable. I, or a Trust of which I was a beneficiary, did not transfer any Real Estate in Massachusetts with an assessed value greater than $1,000, to another person or entity at any time during 2017. → SKIP TO QUESTION 18**

Address of Real Estate: ***(Street, City, State, Zip Code)*** *Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.*		
Assessed value of Real Estate:	☐ n/a ☐ $1,001 to 5,000 ☐ $ 5,001 to 10,000 ☐ $10,001 to 20,000	☐ $20,001 to 40,000 ☐ $40,001 to 60,000 ☐ $60,001 to 100,000 ☐ $100,001 or more
If you owned this Real Estate, did you own it with your spouse and/or any dependent child(ren) residing in your household during 2017?		☐ **Yes** ☐ **No** ☐ **Not Applicable**
If this Real Estate was owned by a Trust of which you are a beneficiary, was your spouse and/or any dependent child(ren) residing in your household during 2017 also a beneficiary of the same Trust? **Name of Trust:** *Do not disclose the name of a Trust that includes the name or residential address of a living member of your family. Where applicable, put "Family Name/Address Trust" instead of the name.*		☐ **Yes** ☐ **No** ☐ **Not Applicable**
To whom was the Real Estate transferred?		
Name: *Do not disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.*	**Address:** *Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.*	

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

18. Transfers of Real Estate in Massachusetts to Another Person or Entity by Your Spouse and/or any Dependent Child(ren) Residing in Your Household, or a by a Trust of Which Your Spouse and/or any Dependent Child(ren) Residing in Your Household Was a Beneficiary

Other than the Real Estate identified in Question 17, identify any Real Estate in Massachusetts with an assessed value greater than $1,000, that was transferred to another person or entity by your spouse and/or any dependent child(ren) residing in your household during 2017, or by a Trust of which your spouse and/or any dependent child(ren) residing in your household during 2017 was a beneficiary, at any time during 2017, and provide the required information for each piece of Real Estate transferred.

☐ **Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2017. → SKIP TO QUESTION 19**

☐ **Not Applicable. My spouse and/or any dependent child(ren) residing in my household during 2017, or a Trust of which my spouse and/or any dependent child(ren) residing in my household during 2017 was a beneficiary, did not transfer any Real Estate in Massachusetts with an assessed value greater than $1,000, to another person or entity at any time during 2017. → SKIP TO QUESTION 19**

Address of Real Estate: ***(Street, City, State, Zip Code)*** *Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.*

Did your spouse and/or any dependent child(ren) residing in your household own this Real Estate? ☐ **Yes** ☐ **No**

Was this Real Estate owned by a Trust of which your spouse and/or any dependent child(ren) residing in your household was a beneficiary? ☐ **Yes** ☐ **No**

Name of Trust: *Do not disclose the name of a Trust that includes the name or residential address of a living member of your family. Where applicable, put "Family Name/Address Trust" Instead of the name.*

To whom was the Real Estate transferred?

Name: *Do not disclose the name of a member of your family. Where applicable, put "Family Member" Instead of the name.*	**Address:** *Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.*

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

19. Other Real Estate Interests or Investments in Massachusetts

Identify any Real Estate in Massachusetts with an assessed value greater than $1,000, on which, as of December 31, 2017, you, or a Trust of which you were a beneficiary, had a lien, attachment, or mortgage receivable, and provide the required information for each.

*A **lien** is a legal claim that you have on the property of another person until that person has repaid a debt to you.*

*An **attachment** means a legal process by which a court, at the request of a creditor, designates that certain property owned by another person, known as the debtor, be held, transferred, or sold for the benefit of the creditor.*

*You have a **mortgage receivable** if you loaned a person or entity the money to purchase the property, and in return, received an interest in the property to secure the loan.*

☐ **Not Applicable. As of December, 31 2017, I, or a Trust of which I was a beneficiary, did not have a lien, attachment, or mortgage receivable on any Real Estate in Massachusetts with an assessed value greater than $1,000. → SKIP TO QUESTION 20**

Address of Real Estate: ***(Street, City, State, Zip Code)*** *Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.*				
Assessed value of Real Estate:	☐ n/a ☐ $1,001 to 5,000 ☐ $ 5,001 to 10,000 ☐ $10,001 to 20,000	☐ $20,001 to 40,000 ☐ $40,001 to 60,000 ☐ $60,001 to 100,000 ☐ $100,001 or more	**Nature of Interest:**	☐ **Lien** ☐ **Attachment** ☐ **Mortgage Receivable**
If you hold the interest in the Real Estate, did you hold this interest in the Real Estate with your spouse and/or any dependent child(ren) residing in your household?			☐ **Yes** ☐ **No** ☐ **Not Applicable. I did not hold this interest in this real estate.**	
Was this interest in the Real Estate held by a Trust of which you were a beneficiary?			☐ **Yes** ☐ **No**	
If yes, provide the name of the Trust. **Name of Trust:** *Do not disclose the name of a Trust that includes the name or residential address of a living member of your family. Where applicable, put "Family Name/Address Trust" instead of the name.*				
Was your spouse and/or any dependent child(ren) residing in your household also a beneficiary of the same Trust?			☐ **Yes** ☐ **No**	

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

20. Other Real Estate Interests in Massachusetts of Your Spouse and/or Depend(ent) Child(ren) Residing in Your Household

Other than the Real Estate identified in Question 19, identify any Real Estate in Massachusetts with an assessed value greater than $1,000, on which, as of December 31, 2017, your spouse and/or any dependent child(ren) residing in your household, or a Trust of which your spouse and/or dependent child(ren) residing in your household during 2017 was a beneficiary, had a lien, attachment, or mortgage receivable, and provide the required information for each.

☐ **Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2017. → SKIP TO QUESTION 21**

☐ **Not Applicable. As of December, 31 2017, my spouse and/or any dependent child(ren) residing in my household during 2017, or a Trust of which my spouse and/or any dependent child(ren) residing in my household during 2017 was a beneficiary, did not have a lien, attachment, or mortgage receivable on any Real Estate in Massachusetts with an assessed value greater than $1,000. → SKIP TO QUESTION 21**

Address of Real Estate: ***(Street, City, State, Zip Code)*** *Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the name.*	
Nature of Interest:	☐ **Lien** ☐ **Attachment** ☐ **Mortgage Receivable**
Did your spouse and/or any dependent child(ren) residing in your household during 2017 hold the interest in the Real Estate?	☐ **Yes** ☐ **No**
Was this interest in the Real Estate held by a Trust of which your spouse and/or any dependent child(ren) residing in your household during 2017 was a beneficiary? ***If yes, provide the name of the Trust.*** **Name of Trust:** *Do not disclose the name of a Trust that includes the name or residential address of a living member of your family. Where applicable, put "Family Name/Address Trust" instead of the name.*	☐ **Yes** ☐ **No**

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

Financial Investments

Bond or other security issued by the Commonwealth and its political subdivisions, agencies, and authorities *includes bonds, notes, certificates of participation and any other interest or instrument commonly known as a security, or defined as a security by federal law, 15 U.S.C. § 77(a)(1), which is issued by the Commonwealth, or a political subdivision of the Commonwealth, including its agencies, authorities, cities, towns, and other municipalities, unless explicitly excluded.*

Business *includes all corporations (for profit and not-for-profit), partnerships, sole proprietorships, firms, franchises, associations, organizations, holding companies, joint stock companies, receiverships, business trusts, real estate trusts, and any other legal entities organized for profit or for charitable purposes. It does **NOT** include government agencies; real estate trusts formed **SOLELY** for the purpose of holding in a trust, residential property where the filer and/or one or more of the filer's family members, such as a parent, resides; and associations formed **SOLELY** for the purpose of holding residential condominium property where the filer and/or one or more of the filer's family members, such as a parent, resides.*

21. Your Investments in Governmental Bonds

Identify every bond or other security issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, which you owned, directly or through a Business, as of December 31, 2017, and which had a fair market value as of that date greater than $1,000, and provide the required information for each such investment.

☐ **Not Applicable. I did not own any bonds or other securities issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, as of December 31, 2017, whether directly or through a Business, and which had a fair market value as of that date greater than $1,000. → SKIP TO QUESTION 22**

NOTE: STATE EMPLOYEES WHO OWN STATE BONDS, AND COUNTY EMPLOYEES WHO OWN COUNTY BONDS, MAY NEED TO FILE A DISCLOSURE OF SUCH OWNERSHIP WITH THE STATE ETHICS COMMISSION, IN ADDITION TO DISCLOSURE OF SUCH OWNERSHIP HERE. PLEASE CONTACT THE COMMISSION'S LEGAL DIVISION FOR MORE INFORMATION.

Name of Bond/Other Security:			
Description of Investment:	☐ Bond ☐ Certificate of Participation ☐ Notes ☐ Other ______________________	**Income from Investment:** ☐ n/a ☐ Less than $1,001 ☐ $1,001 to 5,000	☐ $ 5,001 to 10,000 ☐ $10,001 to 20,000 ☐ $20,001 to 40,000 ☐ $40,001 to 60,000 ☐ $60,001 to 100,000 ☐ $100,001 or more
Did you own this investment with your spouse and/or any dependent child(ren) residing in your household during 2017?			☐ **Yes** ☐ **No**

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

22. Investments in Governmental Bonds Owned by Your Spouse and/or any Dependent Child(ren) Residing in Your Household

Other than the bonds or other securities identified in Question 21, identify every bond or other security issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, which your spouse and/or any dependent child(ren) residing in your household during 2017 owned, directly or through a Business, as of December 31, 2017, and which had a fair market value as of that date greater than $1,000, and provide the required information for each such investment.

☐ **Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2017. → SKIP TO QUESTION 23**

☐ **Not Applicable. Other than the bonds or other securities identified in Question 21, my spouse and/or any dependent child(ren) residing in my household during 2017 did not own any bonds or other securities issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, as of December 31, 2017, whether directly or through a Business, which had a fair market value as of that date greater than $1,000. → SKIP TO QUESTION 23**

Name of Bond/Other Security:	**Description of Investment:** *select one.*
	☐ Bond ☐ Certificate of Participation ☐ Notes ☐ Other ______________________
	☐ Bond ☐ Certificate of Participation ☐ Notes ☐ Other ______________________
	☐ Bond ☐ Certificate of Participation ☐ Notes ☐ Other ______________________
	☐ Bond ☐ Certificate of Participation ☐ Notes ☐ Other ______________________

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

NOTE: **Questions 23-24 and 27-28** seek information about business, charitable, and realty Trusts. These questions also seek information about family Trusts, but only if you had a right to the Trust's assets as of December 31, 2017. Do **NOT** report information regarding any family Trust if your right to Trust assets depends on the occurrence of a future event that had not occurred as of December 31, 2017. For example, if your parents created a family Trust that owns their vacation home on Cape Cod for the benefit of their children and grandchildren after their deaths, and both your parents are deceased on December 31, 2017, you would report this Trust; but if your parents created such a Trust and were still living as of December 31, 2017, you would **NOT** report this Trust.

23. Your Interests in Trusts that Own Massachusetts Bonds

Identify every bond or other security issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, which was owned as of December 31, 2017, by a Trust of which you were a beneficiary, whether directly or through a Business, and which had a fair market value as of that date greater than $1,000, and provide the required information for each such investment.

*A **Trust** is a legal entity in which a trustee holds legal ownership of property for the benefit of other persons, referred to as the beneficiaries.*

☐ **Not Applicable. A Trust of which I was a beneficiary did not own any bonds or other securities issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, as of December 31, 2017, whether directly or through a Business, which had a fair market value as of that date greater than $1,000. → SKIP TO QUESTION 24**

Name of Bond/Other Security:			
Description of Investment:	☐ Bond ☐ Certificate of Participation ☐ Notes ☐ Other ______________________	**Income from Investment:**	☐ n/a ☐ $1,001 to 5,000 ☐ $ 5,001 to 10,000 ☐ $10,001 to 20,000 ☐ $20,001 to 40,000 ☐ $40,001 to 60,000 ☐ $60,001 to 100,000 ☐ $100,001 or more
Name of Trust: *Do not disclose the name of a Trust that includes the name or residential address of a living member of your family. Where applicable, put "Family Name/Address Trust" instead of the name.*			
Was your spouse and/or any dependent child(ren) residing in your household during 2017 also a beneficiary of the same Trust?			☐ **Yes** ☐ **No**

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

24. Interests of Your Spouse and/or Dependent Child(ren) Residing in Your Household in Trusts that Own Massachusetts Bonds

Identify every bond or other security issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, which was owned as of December 31, 2017, by a Trust of which your spouse and/or any dependent child(ren) residing in your household during 2017 was a beneficiary, whether directly or through a Business, and which had a fair market value as of that date greater than $1,000, and provide the required information for each such investment.

☐ **Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2017. → SKIP TO QUESTION 25**

☐ **Not Applicable. Other than any bonds or securities identified in Question 23, a Trust of which my spouse and/or any dependent child(ren) residing in my household during 2017 was a beneficiary did not own any bonds or other securities issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, as of December 31, 2017, whether directly or through a Business, and which had a fair market value as of that date greater than $1,000. → SKIP TO QUESTION 25**

Name of Bond/Other Security:		
Description of Investment:	☐ Bond ☐ Certificate of Participation	☐ Notes ☐ Other ______________________
Name of Trust: *Do not disclose the name of a Trust that includes the name or residential address of a living member of your family. Where applicable, put "Family Name/Address Trust" instead of the name.*		

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

25. Your Financial Investments

Identify every Financial Investment that you owned directly or through a Business as of December 31, 2017, and which had a fair market value as of that date greater than $1,000, and provide the required information for each.

Financial Investment *includes stocks, bonds, shares in mutual funds, notes, debentures, other evidences of indebtedness, futures, certificates of interest or participation, investment contracts, puts, calls, straddles, options in a security or relating to currency, or in general, any interest or instrument commonly known as a security, including without limitation all other securities defined by federal securities law, 15 U.S.C. § 77b(a)(1), unless explicitly excluded.*

NOTE: DO NOT INCLUDE ANY OF THE FOLLOWING: MASSACHUSETTS STATE, COUNTY, OR MUNICIPAL BONDS; CASH; BANK ACCOUNTS; MONEY MARKET FUNDS; CERTIFICATES OF DEPOSIT; RETIREMENT PLANS; PROFIT-SHARING PLANS; 401(K), 457(B), OR OTHER DEFERRED COMPENSATION PLANS; KEOGH PLANS; 529 COLLEGE SAVINGS PLANS, INCLUDING THE MASSACHUSETTS U PLAN; INSURANCE POLICIES; AND FINANCIAL INVESTMENTS THAT YOU HELD AS A TRUSTEE, NOMINEE, OR AGENT FOR ANOTHER PERSON UNLESS YOU HELD THAT FINANCIAL INVESTMENT FOR YOURSELF, YOUR SPOUSE AND/OR DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD.

☐ **Not Applicable. I did not own any Financial Investment directly or through a Business as of December 31, 2017, which had a fair market value greater than $1,000. → SKIP TO QUESTION 26**

Name of Issuer:		
Description of Investment:	☐ ADR (American Depository Receipt) ☐ Annuity ☐ Bond ☐ Common Stock ☐ Debenture ☐ Limited Partnership Interest ☐ Mutual Fund ☐ Option Contract	☐ Preferred Stock ☐ Real Estate ☐ U-Fund ☐ U-Plan ☐ Warrant ☐ Other ______________________
Principal Place of Business or State of Incorporation: *Do not report the principal place of business or state of incorporation for a publicly traded stock. If publicly traded, enter "Not Applicable" instead of the principal place of business or state of incorporation.*		
Issuer Address: ***(Street, City, State, Zip Code)*** *Do not report the issuer's address for a publicly traded stock. If publicly traded, enter "Not Applicable" instead of the address.*		
Do you own this Financial Investment with your spouse and/or any dependent child(ren) residing in your household during 2017?		☐ **Yes** ☐ **No**

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

26. <u>Financial Investments Owned by Your Spouse and/or any Dependent Child(ren) Residing in Your Household</u>

Other than the Financial Investments identified in Question 25, identify every Financial Investment that your spouse and/or any dependent child(ren) residing in your household during 2017 owned directly or through a Business as of December 31, 2017, and which had a fair market value as of that date greater than $1,000, and provide the required information for each.

NOTE: DO <u>NOT</u> INCLUDE ANY OF THE FOLLOWING: MASSACHUSETTS STATE, COUNTY, OR MUNICIPAL BONDS; CASH; BANK ACCOUNTS; MONEY MARKET FUNDS; CERTIFICATES OF DEPOSIT; RETIREMENT PLANS; PROFIT-SHARING PLANS; 401(K), 457(B), OR OTHER DEFERRED COMPENSATION PLANS; KEOGH PLANS; 529 COLLEGE SAVINGS PLANS, INCLUDING THE MASSACHUSETTS U PLAN; INSURANCE POLICIES; AND FINANCIAL INVESTMENTS THAT YOUR SPOUSE AND/OR DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD DURING 2017 HELD AS A TRUSTEE, NOMINEE, OR AGENT FOR ANOTHER PERSON <u>UNLESS</u> YOUR SPOUSE AND/OR DEPENDENT CHILD(REN) HELD THAT FINANCIAL INVESTMENT FOR YOU, HIMSELF OR HERSELF, OR FOR YOUR DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD.

☐ **Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2017. → SKIP TO QUESTION 27**

☐ **Not Applicable. Other than the Financial Investments identified in Question 25, my spouse and/or any dependent child(ren) residing in my household during 2017 did not own any Financial Investment directly or through a Business as of December 31, 2017, which had a fair market value greater than $1,000. → SKIP TO QUESTION 27**

Name of Issuer:		
Description of Investment:	☐ ADR (American Depository Receipt) ☐ Annuity ☐ Bond ☐ Common Stock ☐ Debenture ☐ Limited Partnership Interest ☐ Mutual Fund ☐ Option Contract ☐ Preferred Stock	☐ Real Estate ☐ U-Fund ☐ U-Plan ☐ Warrant ☐ Other ______________________
Principal Place of Business or State of Incorporation: *Do <u>not</u> report the principal place of business or state of incorporation for a publicly traded stock. If publicly traded, enter "Not Applicable" instead of the principal place of business or state of incorporation.*		
Issuer Address: ***(Street, City, State, Zip Code)*** *Do <u>not</u> report the issuer's address for a publicly traded stock. If publicly traded, enter "Not Applicable" instead of the address.*		

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

27. Your Interests in Trusts that Own Financial Investments

Identify every Financial Investment that was owned as of December 31, 2017, by a Trust of which you were a beneficiary, which had a fair market value as of that date greater than $1,000, and provide the required information for each.

NOTE: DO NOT INCLUDE ANY OF THE FOLLOWING: MASSACHUSETTS STATE, COUNTY, OR MUNICIPAL BONDS; CASH; BANK ACCOUNTS; MONEY MARKET FUNDS; CERTIFICATES OF DEPOSIT; RETIREMENT PLANS; PROFIT-SHARING PLANS; 401(K), 457(B), OR OTHER DEFERRED COMPENSATION PLANS; KEOGH PLANS; 529 COLLEGE SAVINGS PLANS, INCLUDING THE MASSACHUSETTS U PLAN; INSURANCE POLICIES; AND FINANCIAL INVESTMENTS THAT YOU HELD AS A TRUSTEE, NOMINEE, OR AGENT FOR ANOTHER PERSON UNLESS YOU HELD THAT FINANCIAL INVESTMENT FOR YOURSELF, YOUR SPOUSE AND/OR DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD.

☐ **Not Applicable. A Trust of which I was a beneficiary did not own any Financial Investment as of December 31, 2017, which had a fair market value as of that date greater than $1,000. → SKIP TO QUESTION 28**

Name of Issuer:

Description of Investment:

☐ ADR (American Depository Receipt)
☐ Annuity
☐ Bond
☐ Common Stock
☐ Debenture
☐ Limited Partnership Interest
☐ Mutual Fund
☐ Option Contract
☐ Preferred Stock
☐ Real Estate
☐ U-Fund
☐ U-Plan
☐ Warrant

☐ Other ______________________

Principal Place of Business or State of Incorporation: *Do not report the principal place of business or state of incorporation for a publicly traded stock. If publicly traded, enter "Not Applicable" instead of the principal place of business or state of incorporation.*

Issuer Address: ***(Street, City, State, Zip Code)*** *Do not report the issuer's address for a publicly traded stock. If publicly traded, enter "Not Applicable" instead of the address.*

Name of Trust: *Do not disclose the name of a Trust that includes the name or residential address of a living member of your family. Where applicable, put "Family Name/Address Trust" instead of the name.*

Was your spouse and/or any dependent child(ren) residing in your household during 2017 also a beneficiary of the same Trust? ☐ **Yes** ☐ **No**

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

28. Interests of Your Spouse and/or any Dependent Child(ren) Residing in Your Household in Trusts that Own Financial Investments

Other than the Financial Investments identified in Question 27, identify every Financial Investment that was owned as of December 31, 2017, by a Trust of which your spouse and/or any dependent child(ren) residing in your household during 2017 was a beneficiary, which had a fair market value as of that date greater than $1,000, and provide the required information for each.

NOTE: DO NOT INCLUDE ANY OF THE FOLLOWING: MASSACHUSETTS STATE, COUNTY, OR MUNICIPAL BONDS; CASH; BANK ACCOUNTS; MONEY MARKET FUNDS; CERTIFICATES OF DEPOSIT; RETIREMENT PLANS; PROFIT-SHARING PLANS; 401(K), 457(B), OR OTHER DEFERRED COMPENSATION PLANS; KEOGH PLANS; 529 COLLEGE SAVINGS PLANS, INCLUDING THE MASSACHUSETTS U PLAN; INSURANCE POLICIES; AND FINANCIAL INVESTMENTS THAT YOUR SPOUSE AND/OR DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD DURING 2017 HELD AS A TRUSTEE, NOMINEE, OR AGENT FOR ANOTHER PERSON UNLESS YOUR SPOUSE AND/OR DEPENDENT CHILD(REN) HELD THAT FINANCIAL INVESTMENT FOR YOU, HIMSELF OR HERSELF, OR YOUR DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD.

☐ **Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2017. → SKIP TO QUESTION 29**

☐ **Not Applicable. Other than the Financial Investments identified in Question 27, a Trust of which my spouse and/or any dependent child(ren) residing in my household during 2017 was a beneficiary, did not own any Financial Investment as of December 31, 2017, which had a fair market value as of that date greater than $1,000. → SKIP TO QUESTION 29**

Name of Issuer:		
Description of Investment:	☐ ADR (American Depository Receipt) ☐ Annuity ☐ Bond ☐ Common Stock ☐ Debenture ☐ Limited Partnership Interest ☐ Mutual Fund ☐ Option Contract ☐ Preferred Stock	☐ Real Estate ☐ U-Fund ☐ U-Plan ☐ Warrant ☐ Other ______________________
Principal Place of Business or State of Incorporation: *Do not report the principal place of business or state of incorporation for a publicly traded stock. If publicly traded, enter "Not Applicable" instead of the principal place of business or state of incorporation.*		
Issuer Address: *(Street, City, State, Zip Code)* *Do not report the issuer's address for a publicly traded stock. If publicly traded, enter "Not Applicable" instead of the address.*		
Name of Trust: *Do not disclose the name of a Trust that includes the name or residential address of a living member of your family. Where applicable, put "Family Name/Address Trust" instead of the name.*		

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

Debts and Mortgages

Primary Residence *is the place where you live more than 50% of the time.*

29. Mortgage on Your Primary Residence

Identify all mortgages, including home equity and reverse mortgage loans, on your Primary Residence, on which more than $1,000 was owed as of December 31, 2017, where the creditor (person who loaned you the money) is NOT, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.

DO NOT ANSWER THIS QUESTION IF YOU HAVE A MORTGAGE ON YOUR PRIMARY RESIDENCE AND THE CREDITOR (PERSON WHO LOANED YOU THE MONEY) IS, BY BLOOD OR MARRIAGE, YOUR PARENT, GRANDPARENT, GREAT GRANDPARENT, CHILD, GRANDCHILD, GREAT GRANDCHILD, AUNT, UNCLE, SISTER, BROTHER, NIECE, NEPHEW, OR THE SPOUSE OF ANY SUCH RELATIVE.

ANSWER THIS QUESTION ONLY IF YOU OWN YOUR PRIMARY RESIDENCE.

☐ **Not Applicable. I did not have a mortgage, including a home equity or reverse mortgage loan, on my Primary Residence on which more than $1,000 was owed as of December 31, 2017, or the creditor is, by blood or marriage, my parent, grandparent, great grandparent, child, grandchild, great grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative . → SKIP TO QUESTION 30**

Creditor Name: *Do not disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.*	**Creditor's Address:** ***(Street, City, State, Zip Code)*** *Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.*	
Term (length of time) of the mortgage:	**Interest Rate (%):**	**Termination Year:**

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

30. Other Mortgages Which You are Obligated to Pay

Identify all mortgages, including home equity or reverse mortgage loan, OTHER than any mortgage on your Primary Residence, on which more than $1,000 was owed as of December 31, 2017, which you are obligated to pay and where the creditor (person who loaned you the money) is NOT by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.

Do NOT include: ***1) any mortgages on your Primary Residence.***
2) any mortgage where the creditor (person who loaned you the money) is, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative.

INCLUDE IN YOUR RESPONSE: ALL MORTGAGES WHICH YOU ARE OBLIGATED TO PAY BECAUSE OF BUSINESS OWNERSHIP IDENTIFIED IN RESPONSE TO QUESTION 8, REAL ESTATE OWNERSHIP IDENTIFIED IN RESPONSE TO QUESTION 13, OR INTERESTS IN TRUSTS IDENTIFIED IN RESPONSE TO QUESTION 15.

☐ **Not Applicable. I did not have a mortgage, including a home equity or reverse mortgage, on any property other than my Primary Residence, on which more than $1,000 was owed as of December 31, 2017 or where the creditor is, by blood or marriage, my parent, grandparent, great grandparent, child, grandchild, great grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative. → SKIP TO QUESTION 31**

Real Estate Address: ***(Street, City, State, Zip Code)*** *Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.*	
Creditor Name: *Do not disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.*	**Creditor Address:** ***(Street, City, State, Zip Code)*** *Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.*

Original amount of mortgage:		**Amount of mortgage outstanding as of December 31, 2017:**	
☐ n/a	☐ $10,001 to 20,000		☐ $ 5,001 to 10,000
☐ Less than $1,001	☐ $20,001 to 40,000		☐ $10,001 to 20,000
☐ $1,001 to 5,000	☐ $40,001 to 60,000		☐ $20,001 to 40,000
☐ $ 5,001 to 10,000	☐ $60,001 to 100,000		☐ $40,001 to 60,000
	☐ $100,001 or more	☐ n/a	☐ $60,001 to 100,000
		☐ $1,001 to 5,000	☐ $100,001 or more

Term (length of time) of the mortgage:	**Interest Rate (%):**	**Termination Year:**

Was your spouse and/or any dependent child(ren) residing in your household during 2017 also obligated to pay the mortgage?	☐ **Yes** ☐ **No**

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

31. Other Mortgages Which Your Spouse and/or any Dependent Child(ren) Residing in Your Household Are Obligated to Pay

Identify all mortgages, including home equity and reverse mortgage loans, OTHER than any mortgage on your Primary Residence or any mortgage identified in response to Question 30, on which more than $1,000 was owed as of December 31, 2017, and which your spouse and/or any dependent child(ren) residing in your household during 2017 were obligated to pay and where the creditor (person who loaned the money to your spouse and/or dependent child(ren) residing in your household) is NOT by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.

INCLUDE IN YOUR RESPONSE: ALL MORTGAGES WHICH YOUR SPOUSE AND/OR ANY DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD WAS OBLIGATED TO PAY BECAUSE OF BUSINESS OWNERSHIP IDENTIFIED IN RESPONSE TO QUESTION 9, REAL ESTATE OWNERSHIP IDENTIFIED IN RESPONSE TO QUESTION 14, OR INTERESTS IN TRUSTS IDENTIFIED IN RESPONSE TO QUESTION 16.

☐ **Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2017. → SKIP TO QUESTION 32**

☐ **Not Applicable. Other than the mortgages identified in response to Question 30, my spouse and/or any dependent child(ren) residing in my household during 2017 did not have a mortgage, including a home equity and reverse mortgage loan, on which more than $1,000 was owed as of December 31, 2017, which my spouse or dependent child(ren) living in my household was obligated to pay, or where the creditor is by blood or marriage, my parent, grandparent, great grandparent, child, grandchild, great grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative. → SKIP TO QUESTION 32**

Real Estate Address: ***(Street, City, State, Zip Code)*** *Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.*		
Creditor Name: *Do not disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.*	**Creditor Address:** ***(Street, City, State, Zip Code)*** *Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.*	
Term (length of time) of the mortgage:	**Interest Rate (%):**	**Termination Year:**

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

32. Your Other Debts

Identify all non-mortgage debts of more than $1,000 that you owed as of December 31, 2017, IF the person to whom you owed the debt is NOT by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.

DO NOT INCLUDE: NON-MORTGAGE RETAIL INSTALLMENT LOANS SUCH AS CAR LOANS, OR LOANS TO PURCHASE HOUSEHOLD ITEMS; EDUCATIONAL LOANS; CREDIT CARD DEBT OTHER THAN CASH ADVANCES; MEDICAL OR DENTAL EXPENSE DEBT; ALIMONY OR SUPPORT PAYMENT OBLIGATIONS; DEBT INCURRED IN THE ORDINARY COURSE OF BUSINESS; OR DEBT OWED TO AN INDIVIDUAL WHO IS, BY BLOOD OR MARRIAGE, YOUR PARENT, GRANDPARENT, GREAT GRANDPARENT, CHILD, GRANDCHILD, GREAT GRANDCHILD, AUNT, UNCLE, SISTER, BROTHER, NIECE, NEPHEW, OR THE SPOUSE OF ANY SUCH RELATIVE.

☐ **Not Applicable. I did not have any non-mortgage debts of more than $1,000 that I owed as of December 31, 2017, or any non-mortgage debts were owed to an individual who is, by blood or marriage, my parent, grandparent, great grandparent, child, grandchild, great grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative. → SKIP TO QUESTION 33**

Creditor Name: *Do not disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.*			
Creditor Address: ***(Street, City, State, Zip Code)*** *Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.*			
Original Amount Borrowed:	☐ n/a ☐ Less than $1,001 ☐ $1,001 to 5,000 ☐ $ 5,001 to 10,000 ☐ $10,001 to 20,000 ☐ $20,001 to 40,000 ☐ $40,001 to 60,000 ☐ $60,001 to 100,000 ☐ $100,001 or more	**Amount Owed:**	☐ n/a ☐ $1,001 to 5,000 ☐ $ 5,001 to 10,000 ☐ $10,001 to 20,000 ☐ $20,001 to 40,000 ☐ $40,001 to 60,000 ☐ $60,001 to 100,000 ☐ $100,001 or more
Interest Rate (%):		**Date of Repayment Due:**	
Loan Collateral/ Property to Guarantee Repayment: *Select one.*	☐ Real Estate → ☐ Other: *(specify)*	**If Real Estate, Real Estate Address**: *Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.* ____________________________________	

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

33. Other Debt of Your Spouse and/or any Dependent Child(ren) Residing in Your Household

Identify all non-mortgage debts of more than $1,000 that your spouse and/or any dependent child(ren) residing in your household during 2017 owed as of December 31, 2017, IF the person to whom your spouse and/or any dependent child(ren) residing in your household during 2017 owed the debt is NOT, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.

DO NOT INCLUDE: NON-MORTGAGE RETAIL INSTALLMENT LOANS SUCH AS CAR LOANS, OR LOANS TO PURCHASE HOUSEHOLD ITEMS; EDUCATIONAL LOANS; CREDIT CARD DEBT OTHER THAN CASH ADVANCES; MEDICAL OR DENTAL EXPENSE DEBT; ALIMONY OR SUPPORT PAYMENT OBLIGATIONS; DEBT INCURRED IN THE ORDINARY COURSE OF BUSINESS; OR DEBT OWED TO A PERSON WHO IS, BY BLOOD OR MARRIAGE, YOUR PARENT, GRANDPARENT, GREAT GRANDPARENT, CHILD, GRANDCHILD, GREAT GRANDCHILD, AUNT, UNCLE, SISTER, BROTHER, NIECE, NEPHEW, OR THE SPOUSE OF ANY SUCH RELATIVE.

☐ **Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2017. → SKIP TO QUESTION 34**

☐ **Not Applicable. My spouse and/or any dependent child(ren) residing in my household during 2017 did not have any non-mortgage debts of more than $1,000 that were owed as of December 31, 2017. → SKIP TO QUESTION 34**

☐ **Not Applicable. Any non-mortgage debts of more than $1,000 that my spouse and/or dependent child(ren) owed as of December 31, 2017 were owed to a person who is, by blood or marriage, my parent, grandparent, great grandparent, child, grandchild, great grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative. → SKIP TO QUESTION 34**

Creditor Name: *Do not disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.*		
Creditor Address: *(Street, City, State, Zip Code)* *Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.*		
Interest Rate (%):		**Date of Repayment Due:**
Loan Collateral/ Property to Guarantee Repayment: *Select one.*	☐ Real Estate → ☐ Other: *(specify)*	**If Real Estate, Real Estate Address**: *Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.* ______________________________

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

34. Your Forgiven Debts

Identify non-mortgage debts of more than $1,000 which you owed and which were forgiven at any time during 2017, EXCLUDING debts forgiven by a person who is, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.

☐ **Not Applicable. I did not have any debts of more than $1,000 which I owed and which were forgiven at any time during 2017. → SKIP TO QUESTION 35**

☐ **Not Applicable. Any non-mortgage debts of more than $1,000 which I owed and which were forgiven during 2017, were forgiven by a person who is, by blood or marriage, my parent, grandparent, great grandparent, child, grandchild, great grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative. → SKIP TO QUESTION 35**

Creditor Name: *Do not disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.*	
Creditor Address: ***(Street, City, State, Zip Code)*** *Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.*	
Amount Forgiven:	☐ n/a ☐ $1,001 to 5,000 ☐ $ 5,001 to 10,000 ☐ $10,001 to 20,000 ☐ $20,001 to 40,000 ☐ $40,001 to 60,000 ☐ $60,001 to 100,000 ☐ $100,001 or more

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

35. Forgiven Debts of Your Spouse and/or any Dependent Child(ren) Residing in Your Household

Identify non-mortgage debts of more than $1,000 that were owed by your spouse and/or any dependent child(ren) residing in your household during 2017 and were forgiven at any time during 2017, EXCLUDING debts forgiven by a person who is, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.

☐ **Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2017. → SKIP TO QUESTION 36**

☐ **Not Applicable. My spouse and/or any dependent child(ren) residing in my household during 2017 did not have any debts of more than $1,000 which were owed and which were forgiven at any time during 2017. → SKIP TO QUESTION 36**

☐ **Not Applicable. Any non-mortgage debts of more than $1,000 which my spouse and/or any dependent child(ren) owed and which were forgiven during 2017, were forgiven by a person who is, by blood or marriage, my parent, grandparent, great grandparent, child, grandchild, great grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative. → SKIP TO QUESTION 36**

Creditor Name: *Do not disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.*	**Creditor Address: *(Street, City, State, Zip Code)*** *Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.*

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

Reimbursements, Gifts, and Honoraria Provided By Certain Individuals

*A **Reimbursement** is payment for money expended or to be expended (e.g., travel, meals or lodging). A Reimbursement must be for actual expenses incurred or to be incurred.*

*A **person has a direct interest in a matter before a governmental body** if, at any time, during 2017: (1) the use or value of his property or the conduct of his business; or (2) the use or value of the property, or the conduct of his business, with which he is affiliated as an employee, officer, director, trustee, general partner, proprietor, or in a similar managerial capacity; could be or was affected by a matter before a governmental body, unless the effect is not substantially greater than the effect generally on persons residing in Massachusetts. Any business which is regulated by a government body has such an interest.*

*A **person has a direct interest in legislation or legislative action** if, at any time during 2017: (1) the use or value of his property or the conduct of his business; or (2) the value of the property, or the conduct of the business, with which he is affiliated as an employee, officer, director, trustee, general partner, proprietor, or in a similar managerial capacity; could be or was affected by that legislation or legislative action, unless the effect is not substantially greater than the effect generally on persons residing in Massachusetts. Any business which is regulated by a governmental body has such an interest.*

Are you filing this SFI ONLY because you are a candidate? ☐ **Yes** ☐ **No**
If yes → SKIP TO QUESTION 40

36. Reimbursements Provided to You By Certain Individuals

a. Identify any Reimbursements for expenses in excess of $100 provided to you at any time during 2017 by any legislative agent or executive agent (lobbyist).

☐ **Not Applicable. I did not receive any Reimbursements for expenses in excess of $100 from a legislative agent or executive agent (lobbyist) at any time during 2017. → SKIP TO QUESTION 36.b**

Name of Legislative Agent or Executive Agent:	Amount of Reimbursement:
Address of Legislative Agent or Executive Agent:	

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

b. Check the column which applies to you and follow the instructions for that column.

☐ **<u>I am filing this SFI because I had or now have an ELECTED position or had or now have BOTH an elected and appointed position</u>:**	☐ **<u>I am filing this SFI because I had or now have an APPOINTED position:</u>**
↓	↓
Identify any Reimbursements for expenses in excess of $100, other than those identified in response to Question 36.a, which you received at any time during 2017 from any person having a direct interest in legislation, legislative action, or a matter before a governmental body.	**Identify any Reimbursements for expenses in excess of $100, other than those identified in response to Question 36.a, which you received at any time during 2017 from any person having a direct interest in a matter before the governmental body by which you were or are now employed.**
☐ **Not Applicable. Other than any Reimbursements identified in response to Question 36.a, I did not receive any Reimbursements for expenses in excess of $100 at any time during 2017 from any person having a direct interest in legislation, legislative action, or a matter before a governmental body. → SKIP TO QUESTION 37**	☐ **Not Applicable. Other than any Reimbursements identified in response to Question 36.a, I did not receive any Reimbursements for expenses in excess of $100 at any time during 2017 from any person having a direct interest in a matter before the governmental body by which I was or am now employed. → SKIP TO QUESTION 37**

Name of Source of Reimbursement:	**Amount of Reimbursement:**
Address of Source of Reimbursement:	

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

37. Reimbursements Provided to Your Spouse and/or any Dependent Child(ren) Residing in Your Household By Certain Individuals

a. Identify any Reimbursements for expenses in excess of $100 provided to your spouse and/or any dependent child(ren) residing in your household during 2017 at any time during 2017 by any legislative agent or executive agent (lobbyist).

☐ **Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2017. → SKIP TO QUESTION 38**

☐ **Not Applicable. My spouse and/or any dependent child(ren) residing in my household during 2017 did not receive any Reimbursements for expenses at any time during 2017 from any legislative agent or executive agent (lobbyist). → SKIP TO QUESTION 37.b**

Name of Legislative Agent or Executive Agent:	Address of Legislative Agent or Executive Agent:

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

b. Check the column which applies to you and follow the instructions for that column.

☐ I am filing this SFI because I had or now have an ELECTED position or had or now have BOTH an elected and appointed position: ↓ Identify any Reimbursements for expenses in excess of $100, other than those identified in response to Q37.a, provided to your spouse and/or dependent child(ren) residing in your household during 2017 at any time during 2017 by any person having a direct interest in legislation, legislative action, or any manner before a governmental body. ☐ Not Applicable. Other than any Reimbursements identified in response to Question 37.a, my spouse and/or any dependent child(ren) residing in my household during 2017 did not receive any other Reimbursement for expenses in excess of $100 at any time during 2017 from any person having a direct interest in legislation, legislative action, or a matter before a governmental body. → SKIP TO QUESTION 38	☐ I am filing this SFI because I had or now have an APPOINTED position: ↓ Identify any Reimbursements for expenses in excess of $100, other than those identified in response to Q37.a, provided to your spouse and/or dependent child(ren) residing in your household during 2017 at any time during 2017 by any person having a direct interest in a matter before the governmental body by which you were or are now employed. ☐ Not Applicable. Other than any Reimbursements identified in response to Question 37.a, my spouse and/or any dependent child(ren) residing in my household during 2017 did not receive any other Reimbursement for expenses in excess of $100 at any time during 2017 from any person having a direct interest in a matter before the governmental body by which I was or am now employed. → SKIP TO QUESTION 38

Name of Source of Reimbursement:	Address of Source of Reimbursement:

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

38. Gifts and Honoraria Provided to You By Certain Individuals

***Gift** means a payment, entertainment, subscription, advance, service, or anything of value, unless consideration of equal or greater value is given in return. GIFT shall not include: A political contribution reported as required by law; a commercially reasonable loan made in the ordinary course of business; anything of value received by inheritance; or a GIFT received from a person who is, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great grandchild, aunt, uncle, sister, brother, niece or nephew, or the spouse of any such relative.*

***Honorarium** means payment of money or anything of value as consideration for an appearance, speech, the writing of an article, or other similar activity.*

Check the column which applies to you and follow the instructions for that column.

☐ I am filing this SFI because I had or now have an ELECTED position or had or now have BOTH an elected and appointed position: ↓ **Identify any Gifts and/or Honoraria worth more than $100 provided to you at any time during 2017 by any person having a direct interest in legislation, legislative action, or a matter before a governmental body.** **☐ Not Applicable. I did not receive any Gifts and/or Honoraria worth more than $100 at any time during 2017 from any person having a direct interest in legislation, legislative action, or a matter before a governmental body. → SKIP TO QUESTION 39**	**☐ I am filing this SFI because I had or now have an APPOINTED position:** ↓ **Identify any Gifts and/or Honoraria worth more than $100 provided to you at any time during 2017 by any person having a direct interest in a matter before a governmental body by which you were or are now employed.** **☐ Not Applicable. I did not receive any Gifts and/or Honoraria worth more than $100 at any time during 2017 from any person having a direct interest in a matter before the governmental body by which I was or am now employed. → SKIP TO QUESTION 39**

Name of Donor:	**Person or entity for whom Donor was acting, if any:**
Donor's Address: ***(Street, City, State, Zip Code)***	**Fair market value of Gift or Honorarium:**

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

39. <u>Gifts and Honoraria Provided to Your Spouse and/or any Dependent Child(ren) Residing in Your Household By Certain Individuals</u>

☐ **Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2017. → SKIP TO QUESTION 40**

Check the column which applies to you and follow the instructions for that column.

☐ **I am filing this SFI because I had or now have an ELECTED position or had or now have BOTH an elected and appointed position:**	☐ **I am filing this SFI because I had or now have an APPOINTED position:**
↓	↓
Identify any Gifts and/or Honoraria worth more than $100 provided to your spouse and/or any dependent child(ren) residing in your household during 2017 at any time during 2017 from any person having a direct interest in legislation, legislative action, or a matter before a governmental body.	**Identify any Gifts and/or Honoraria worth more than $100 provided to your spouse and/or any dependent child(ren) residing in your household during 2017 at any time during 2017 from any person having a direct interest in a matter before the governmental body by which you were or are now employed.**
☐ **Not Applicable. My spouse and/or any dependent child(ren) residing in my household during 2017 did not receive any Gifts and/or Honoraria worth more than $100 at any time during 2017 from any person having a direct interest in legislation, legislative action, or a matter before a governmental body. → SKIP TO QUESTION 40**	☐ **Not Applicable. My spouse and/or any dependent child(ren) residing in my household during 2017 did not receive any Gifts and/or Honoraria worth more than $100 at any time during 2017 from any person having a direct interest in a matter before the governmental body by which I was or am now employed. → SKIP TO QUESTION 40**

Name of Donor:	**Person or entity for whom Donor was acting, if any:**
Donor's Address: ***(Street, City, State, Zip Code)***	

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

Blind Trust

*A **Blind Trust** is a Trust in which the fiduciaries, namely the trustees or those who have been given power of attorney, have full discretion over the assets, and the Trust beneficiaries have no knowledge of the holdings of the Trust and no right to intervene in their handling.*

40. Did you, or your spouse and/or any dependent child(ren) residing in your household during 2017, own anything that you have not reported on this Statement of Financial Interests because it was held in a Blind Trust during 2017? ☐ Yes ☐ No

If yes, please provide the following information:

Name of Trust: *Do not disclose the name of a Blind Trust that includes the name or residential address of a living member of your family. Where applicable, put "Family Name/Address Trust" instead of the name.*	**Name of Trustee:** *Do not disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.*

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

Certification

I, ____ , certify under the pains and penalties of perjury that:
(Name)

I made a diligent effort to obtain the required information concerning myself and my spouse and/or any dependent child(ren) residing in my household, if any; and the information provided on this form and any attachments is true and complete, to the best of my knowledge.

Submitted: ___________________________________
(Date)

Did your spouse and/or any dependent child(ren) residing in your household decline to disclose information which is necessary to complete this form fully and accurately? ☐ Yes ☐ No ☐ Not Applicable

Did you decline to answer in whole or in part any specific Question(s) on this form because you assert that the information is privileged by law? ☐ Yes ☐ No
If Yes, identify the Question Number and Question and the basis of your claim of privilege.

Question Number and Question	Basis of My Claim of Privilege:

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the Question to which the information relates.]

IMPORTANT:

1. No DESIGNATED PUBLIC EMPLOYEE shall be allowed to continue in their duties or to receive compensation from public funds unless they have filed a Statement of Financial Interests with the State Ethics Commission.
2. The State Ethics Commission does not accept a faxed or emailed copy of a Statement of Financial Interests for filing. You must file an original.
3. Manually filed Statements of Financial Interests must be submitted by mail or in person to the State Ethics Commission at: One Ashburton Place, Room 619, Boston, MA 02108. A Statement of Financial Interests mailed to the Commission will be deemed filed on the date that it is received.
4. If you were required to amend your Statement of Financial Interests last year, we encourage you to carefully review your 2017 filing before submitting.