

Statement of Financial Interests for 2015



CONTACT INFORMATION

Last Name:

First Name and Middle initial:

Sudders

Mary Louise

Work Phone Number:

Other Phone:

(617) 573-1800

Work Email:

Other Email:

marylou.sudders@state.ma.us

Primary Residence Address:

Redacted

Contact mailing address

Redacted

You indicated that you did have a spouse residing in your household during 2015.

You indicated that you had no dependent child(ren) residing in your household at any time during 2015.

Candidacy and Public Service

1. You have indicated that you are a candidate for public office. Select the office for which you are a candidate.

Filer reported none.

2. Identify the position you 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.

Agency Name	Address	Position	Date	Amount of Income
Executive Office of Health and Human Services (EOHHS)		Secretary, EOHHS	01/08/2015	N/A

3. 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 2015, whether compensated or not, and whether full- or part-time.

Public Agency	Public Agency Name	Address	Position	Amount of Income	Consultant / Contractor?	Services Provided
State	MA Health Connector	100 City Hall Plaza, Boston, MA, 02108, US	Board Chair	N/A	N/A	
State	Center for Health Information & Analysis	501 Boylston St, Boston, MA, 02116, US	Chair of Oversight Council	N/A	N/A	
State	Health Policy Commission	50 Milk St, Boston, MA, 02109, US	Board Mbr.	N/A	N/A	

4. Identify every public position your spouse and/or any dependent child(ren) residing in your household 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 2015, whether compensated or not, and whether full- or part-time.

Public Agency	Public Agency Name	Address	Position	Consultant / Contractor?	Services Provided
Regional	Conservatory Lab Charter School Inc.	2120 Dorchester Ave, Dorchester, MA, 02124, US	Trustee	N/A	
Regional	Conservatory Lab Charter School Foundation, Inc.	2120 Dorchester Ave, Dorchester, MA, 02124, US	President & Director	N/A	

Private Employment and Leaves of Absence

5. Identify every Business for which you worked as an employee, manager, consultant, or independent contractor at any time during 2015, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Business Name	Self-employed	Address	Position	Income
Trustees of Boston College	N/A	140 Commonwealth Ave, Chestnut Hill, MA, 02467, US	Employee	N/A

6. Identify any Business from which you were on a leave of absence at any time during 2015, and provide its address.

Filer reported none.

7. Identify every Business for which your spouse and/or any dependent child(ren) residing in your household worked as an employee, manager, consultant, or independent contractor at any time during 2015, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Business Name	Self-employed	Address	Position
Bradyco, Inc. dba Bradyco Financial	<input checked="" type="checkbox"/>	16 Sargent St, Cambridge, MA, 02140, US	Manager
RFP Partnership	N/A	16 Sargent St, Cambridge, MA, 02140, US	Manager

Business Ownership and Transfers

8. 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 2015, and provide the required information for each.

Filer reported none.

9. Identify each Business of which your spouse and/or any dependent child(ren) residing in your household 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 2015, and provide the required information for each.

Business Name	Address
Bradyco, Inc. dba Bradyco Financial	home address, Cambridge, MA, 02140
RFP Partnership	home address, Cambridge, MA, 02140

10. 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 2015, and provide the required information for each.

Filer reported none.

Service as an Officer, Director, or Trustee

11. Identify any Business in which you served as an officer, director, or trustee, at any time during 2015, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Filer reported none.

12. Identify any Business in which your spouse and/or any dependent child(ren) residing in your household served as an officer, director, or trustee, at any time during 2015, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Business Name	Address	Position
Bradyco, Inc. dba Bradyco Financial	16 Sargent St, Cambridge, MA, 02140, US	Officer
RFP Partnership	16 Sargent St, Cambridge, MA, 02140, US	Officer
Conservatory Lab Charter School, Inc.	2120 Dorchester Ave, Dorchester, MA, 02124, US	Trustee
Conservatory Lab Charter School Foundation, Inc.	2120 Dorchester Ave, Dorchester, MA, 02124, US	Officer

NOTE: If the Filer answered "YES" to a Question in the following section, one or more columns in the Table for that Question may be blank in the following situations: If the Filer indicated that the name of the person and/or the trust was a family member's name or address, the Filer was not required to provide that name. If the Filer indicated that an address was a family member's address, the Filer was not required to provide that address.

Real Estate

13. Identify all Real Estate in Massachusetts which you owned directly or through a Business as of December 31, 2015, and which had an assessed value greater than \$1,000, and provide the required information for each Real Estate holding.

Ownership Legend:
Filer = F
Spouse/Child(ren) = S/C
Trust = T

Property Address	Owner	Transferred?	Transferor Name	Transferor Address	Assessed Value
Redacted	F, S/C	No			\$100,001 or more

14. 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 owned directly or through a Business as of December 31, 2015, and which had an assessed value greater than \$1,000, and provide the required information for each Real Estate holding.

Filer reported none.

15. Identify any Trust of which you were a beneficiary and which owned Real Estate in Massachusetts as of December 31, 2015, and which had an assessed value greater than \$1,000, and provide the required information for each such Trust and Real Estate holding.

Beneficiary Legend:

Filer = F

Spouse/Child(ren) = S/C

Trust = T

Filer reported none.

16. 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 was a beneficiary and which owned Real Estate in Massachusetts as of December 31, 2015, with an assessed value greater than \$1,000, and provide the required information for each such Trust and Real Estate holding.

Filer reported none.

17. 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 2015, and provide the required information for each Real Estate holding.

Ownership Legend:

Filer = F

Spouse/Child(ren) = S/C

Trust = T

Filer reported none.

18. 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, or by a Trust of which your spouse and/or any dependent child(ren) residing in your household was a beneficiary, at any time during 2015, and provide the required information for each piece of Real Estate transferred.

Ownership Legend:
Filer = F
Spouse/Child(ren) = S/C
Trust = T

Filer reported none.

19. Identify any Real Estate in Massachusetts with an assessed value greater than \$1,000, on which, as of December 31, 2015, you, or a Trust of which you were a beneficiary, had a lien, attachment, or mortgage receivable, and provide the required information for each.

Ownership Legend:
Filer = F
Spouse/Child(ren) = S/C
Trust = T

Filer reported none.

20. 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, 2015, your spouse and/or any dependent child(ren) residing in your household, or a Trust of which your spouse and/or any dependent child(ren) residing in your household, had a lien, attachment, or mortgage receivable, and provide the required information for each.

Ownership Legend:
Filer = F
Spouse/Child(ren) = S/C
Trust = T

Filer reported none.

NOTE: If the Filer answered “YES” to a Question in the following section, one or more columns in the Table for that Question may be blank in the following situations: If the Filer indicated that the name of the person and/or the trust was a family member’s name or address, the Filer was not required to provide that name. If the Filer indicated that an address was a family member’s address, the Filer was not required to provide that address.

Financial Investments

21. 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, 2015, and which had a fair market value as of that date greater than \$1,000, and provide the required information for each such investment.

Ownership Legend:
Filer = F
Spouse/Child(ren) = S/C
Trust = T

Name of Bond/ Other Security	Owner	Description of Investment	Income from Investment
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MA Housing Finance Authority	F	Bond	N/A
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Schwab MA Muni MMF	F, S/C	Money Market Fund	Less than \$1,001
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22. 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 owned directly or through a Business, as of December 31, 2015, and which had a fair market value as of that date greater than \$1,000, and provide the required information for each such investment.

Filer reported none.

23. 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, 2015, 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.

Beneficiary Legend:
Filer = F
Spouse/Child(ren) = S/C
Trust = T

Filer reported none.

24. 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, 2015, by a Trust of which your spouse and/or any dependent child(ren) residing in your household 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.

Filer reported none.

25. Identify every Financial Investment that you owned directly or through a Business as of December 31, 2015, and which had a fair market value as of that date greater than \$1,000, and provide the required information for each.

Ownership Legend:
 Filer = F
 Spouse/Child(ren) = S/C
 Trust = T

Name of Issuer	Owner	Description of Investment	Principal Place of Business or State of Incorporation	Address
Amgen Inc. - Common Stock (AMGN)	F, S/C			
Apple Inc. - Common Stock (AAPL)	F, S/C			
Berkshire Hathaway Inc. New Common Stock (BRK.B)	F, S/C			
Chevron Corporation Common Stock (CVX)	F, S/C			
Compass Minerals Intl Inc Common Stock (CMP)	F, S/C			
Diageo plc Common Stock (DEO)	F, S/C			

Coca-Cola Company (The) Common Stock(KO)	F, S/C
Anika Therapeutics Inc. - Common Stock (ANIK)	F, S/C
eBay Inc. - Common Stock (EBAY)	F, S/C
Express Scripts Holding Company - Common Stock (ESRX)	F, S/C
Exxon Mobil Corporation Common Stock (XOM)	F, S/C
General Electric Company Common Stock (GE)	F, S/C
Johnson & Johnson Common Stock (JNJ)	F, S/C
Markel Corporation Common Stock (MKL)	F, S/C

Microsoft Corporation - Common Stock (MSFT)	F, S/C			
Morningstar, Inc. - Common Stock (MORN)	F, S/C			
Nestle S. A.	F, S/C	ADR (American Depository Receipt)	Switzerland	Avenue Nestle 55, Vevey 1800
Novartis AG Common Stock (NVS)	F, S/C			
Paychex, Inc. - Common Stock (PAYX)	F, S/C			
PayPal Holdings, Inc. - Common Stock (PYPL)	F, S/C			
Pepsico, Inc. Common Stock (PEP)	F, S/C			
Pfizer, Inc. Common Stock (PFE)	F, S/C			

Procter & Gamble F, S/C
Company (The)
Common Stock(PG)

United Parcel F, S/C
Service, Inc.
Common
Stock(UPS)

Zimmer Biomet F, S/C
Holdings, Inc.
Common
Stock(ZBH)

26. 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 owned directly or through a Business as of December 31, 2015, and which had a fair market value as of that date greater than \$1,000, and provide the required information for each. For any Financial Investment not included on the drop-down list of publicly traded stock, you must provide the issuer's principal place of business or state of incorporation as well as its address.

Filer reported none.

27. Identify every Financial Investment that was owned as of December 31, 2015, by a Trust of which you were a beneficiary, and which had a fair market value as of that date greater than \$1,000, and provide the required information for each. For any Financial Investment not included on the drop-down list of publicly traded stock, you must provide the issuer's principal place of business or state of incorporation as well as its address.

Beneficiary Legend:
Filer = F
Spouse/Child(ren) = S/C
Trust = T

Filer reported none.

28. Other than the Financial Investments identified in Question 27, identify every Financial Investment that was owned as of December 31, 2015, by a Trust of which your spouse and/or any dependent child(ren) residing in your household was a beneficiary, and which had a fair market value as of that date greater than \$1,000, and provide the required information for each. For any Financial Investment not included on the drop-down list of publicly traded stock, you must provide the issuer's principal place of business or state of incorporation as well as its address.

Filer reported none.

NOTE: If the Filer answered "YES" to a Question in the following section, one or more columns in the Table for that Question may be blank in the following situations: If the Filer indicated that the name of the person and/or the trust was a family member's name or address, the Filer was not required to provide that name. If the Filer indicated that an address was a family member's address, the Filer was not required to provide that address.

Debts and Mortgages

29. 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, 2015, 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.

Creditor Name	Creditor Address	Mortgage Term	Interest Rate (%)	Termination Year
J P Morgan Chase	1820 E. Sky Harbor Circle S., Phoenix, MA, 85034, US	10	3.875	2022

30. Did you have a mortgage, including a home equity or reverse mortgage loan, on any property OTHER than your Primary Residence, on which more than \$1,000 was owed as of December 31, 2015, which you were 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?

Obligor Legend:
Filer = F
Spouse/Child(ren) = S/C
Trust = T

Filer reported none.

31. Identify all mortgages, including home equity and reverse mortgage loans, OTHER than any mortgage on your Primary Residence, on which more than \$1,000 was owed as of December 31, 2015, and which your spouse and/or any dependent child(ren) residing in your household were obligated to pay and where the creditor (person who loaned your spouse and/or dependent child(ren) residing in your household 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.

Filer reported none.

32. Identify all non-mortgage debts of more than \$1,000 that you owed as of December 31, 2015, 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.

Filer reported none.

33. Identify all non-mortgage debts of more than \$1,000 that your spouse and/or any dependent child(ren) residing in your household owed as of December 31, 2015, IF the person to whom your spouse and/or any dependent child(ren) residing in your household 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.

Filer reported none.

34. Identify non-mortgage debts of more than \$1,000 which you owed and which were forgiven at any time during 2015, 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.

Filer reported none.

35. 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 and were forgiven at any time during 2015, 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.

Filer reported none.

Reimbursements, Gifts, and Honoraria

36. Identify any Reimbursements for expenses in excess of \$100 provided to you at any time during 2015 by any legislative agent or executive agent (lobbyist) or any person having a direct interest in a matter before the governmental body by which you were or are employed.

Filer reported none.

36.a Identify any Reimbursements for expenses in excess of \$100, other than those identified in response to Question 36, you received at any time during 2015 from any person having a direct interest in a matter before the governmental body by which you were or are now employed.

Filer reported none.

37. Identify any Reimbursements for expenses in excess of \$100 provided to your spouse and/or any dependent child(ren) residing in your household at any time during 2015 by any legislative agent or executive agent (lobbyist).

Filer reported none.

37.a Identify any Reimbursements for expenses in excess of \$100, other than those identified in response to Question 36, provided to your spouse and/or dependent child(ren) residing in your household at any time during 2015 by any person having a direct interest in a matter before the governmental body by which you were or are now employed.

Filer reported none.

38. Identify any Gifts and/or Honoraria worth more than \$100 provided to you at any time during 2015 by any person having a direct interest in a matter before a governmental body by which you were or are now employed, and provide the required information for each.

Name of Donor	Person or entity for whom Donor was acting, if any	Address of Donor	Fair Market Value
Health Care for All		1 Federal St, Boston, MA, 02110, US	\$300
Heading Home Inc.		528 Main St, Charlestown, MA, 02129, US	\$250
Codman Square Health Center		637 Washington St., Dorchester, MA, 02124, US	\$150
Provider Council		88 Broad St, Boston, MA, 02110, US	\$110
Riverside Community Care		270 Bridge St, Dedham, MA, 02026, US	\$225
AIM		1 Beacon St, Boston, MA, 02108, US	\$500
New England Center for Children		33 Turnpike Rd, Southborough, MA, 01772, US	\$200
Chelsea Chamber of Commerce		308 Broadway, Chelsea, MA, 02150, US	\$150

39. Identify any Gifts and/or Honoraria worth more than \$100 provided to your spouse and/or any dependent child(ren) residing in your household at any time during 2015 by any person having a direct interest in a matter before the governmental body by which you were or are now employed, and provide the required information for each.

Filer reported none.

NOTE: If the Filer answered “YES” to a Question in the following section, one or more columns in the Table for that Question may be blank in the following situations: If the Filer indicated that the name of the person and/or the trust was a family member’s name or address, the Filer was not required to provide that name. If the Filer indicated that an address was a family member’s address, the Filer was not required to provide that address.

Blind Trusts

40. Did you, your spouse and/or any dependent child(ren) residing in your household during 2015, own anything that you have not reported on this Statement of Financial Interests because it was held in a Blind Trust during 2015?

Filer reported none.

CERTIFICATION

I, Mary Louise Sudders, certify under the pains and penalties of perjury that:

I made a diligent effort to obtain the required information concerning myself and my spouse and/or any dependent child(ren); and

The information provided on this form is true and complete, to the best of my knowledge.

Submitted: 06/19/2016

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?

The following are the specific Question(s) which I decline to answer in whole or in part because I assert that the information is privileged by law:

Please explain the basis of your claim of privilege:

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.
3. If you were required to amend your Statement of Financial Interests last year, we encourage you to carefully review your 2015 filing before submitting.