

Statement of Financial Interests for 2015



CONTACT INFORMATION

Last Name:

First Name and Middle initial:

Krokidas

Maria J

Work Phone Number:

Other Phone:

(617) 371-9500

Work Email:

Other Email:

mkrokidas@kb-law.com

Redacted

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.

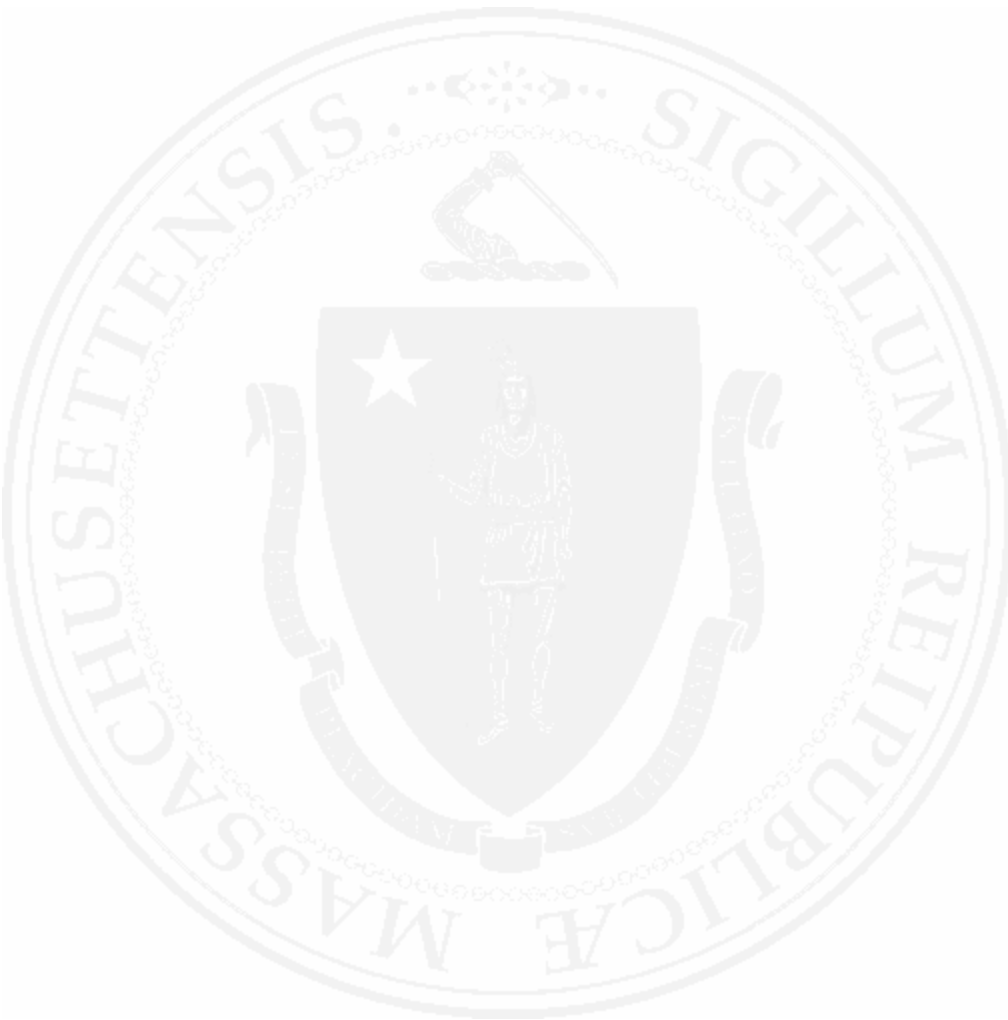
Candidacy and Public Service

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
State Ethics Commission	1 Ashburton Pl, #619, Boston, MA, 02108, US	Commissioner	10/17/2016	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	Massachusetts Housing Partnership Fund Board	160 Federal Street, 2nd floor, Boston, MA, 02210, US	Attorney	\$1,001 to 5,000	N/A	
State	MATCH Charter Public School	1001 Commonwealth Ave., Boston, MA, 02215, US	Attorney	Less than \$1,001	N/A	
State	Benjamin Banneker Charter School	21 Notre Dame Ave., Cambridge, MA, 02142, US	Attorney	Less than \$1,001	N/A	
State	Massachusetts State College Building Authority	253 Summer Street, Suite 300, Boston, MA, 02210, US	Attorney	\$20,001 to 40,000	N/A	
State	Conservatory Lab Charter School	2120 Dorchester Ave., Dorchester, MA, 02124, US	Attorney	Less than \$1,001	N/A	
State	Excel Academy Charter School	1150 Saratoga Street, East Boston, MA, 02128, US	Attorney	Less than \$1,001	N/A	
State	University of Massachusetts Building Authority	225 Franklin Street, 12th floor, Boston, MA, 02110, US	Attorney	\$1,001 to 5,000	N/A	
State	Rising Tide Charter Public School	6 Resnik Road, Plymouth, MA, 02360, US	Attorney	Less than \$1,001	N/A	
State	University of Massachusetts	One Beacon Street, 31st floor, Boston, MA, 02108, US	Attorney	\$1,001 to 5,000	N/A	
State	Boston Housing Authority	52 Chauncy Street, 10th floor, Boston, MA, 02111, US	Attorney	\$1,001 to 5,000	N/A	

State	Edward W. Brooke Charter School	190 Cummins Way, Roslindale, MA, 02131, US	Attorney	Less than \$1,001	N/A
State	State Retirees Benefit Trust Fund (A&F)	One Ashburton Place, 9th floor, Boston, MA, 02108, US	Attorney	\$40,001 to 60,000	N/A
State	Massachusetts Technology Collaborative	75 North Drive, Westborough, MA, 01581, US	Attorney	Less than \$1,001	N/A
State	Massachusetts Department of Transportation	10 Park Plaza, Suite 5521, Boston, MA, 02116, US	Attorney	Less than \$1,001	N/A
State	Massachusetts State Lottery	60 Columbian Street, Braintree, MA, 02184, US	Attorney	Less than \$1,001	N/A
Municipal	Town of Westford Affordable Housing Trust Fund	55 Main Street, Westford, MA, 01886, US	Attorney	Less than \$1,001	N/A
State	Mass Housing Finance Agency	1 Beacon St, Boston, MA, 02108, US	Advisory Committee	Less than \$1,001	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.

Filer reported none.

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
Krokidas & Bluestein	<input checked="" type="checkbox"/>	600 Atlantic Ave. 19th FL, Boston, MA, 02210, US	Manager	\$100,001 or more

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
Blue Cross & Blue Shield of MA	N/A	101 Huntington Ave, Boston, MA, 02199, 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.

Business Name	Address	Percentage of stock	Income
Krokidas & Bluestein LLP	600 Atlantic Ave # 1900, Boston, MA, 02110, US	55%	\$100,001 or more
Riverview meadows II LP	115 Main St, Suite 1D, North Easton, MA, 02356, US	5%	N/A

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.

Filer reported none.

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.

Business Name	Address	Position	Income
Nurtury	95 Berkeley St, Suite 306, Boston, MA, 02116, US	Director	N/A
Boston Lyric Opera	11 Ave de Lafayette, Boston, MA, 02111, US	Director	N/A
Road Scholar	11 Ave de Lafayette, Boston, MA, 02111, US	Director	N/A
Massachusetts Womens Forum	PO Box 149, 100 Ripley Rd, Cohasset, MA, 02025, US	Officer	N/A
Krokidas & Bluestein LLP	600 Atlantic Ave, 19th FL, Boston, MA, 02210, US	Officer	\$100,001 or more
Mills Consulting Group	191 Sudbury Road, Suite 30, Concord, MA, 01742, US	Officer	N/A
The Palmer Wolf Corporation	8 Francis Ave, Cambridge, MA, 02138, US	Officer	N/A

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
Boston Healthcare for Homeless	780 Albany St, Boston, MA, 02118, US	Director
Massachusetts Taxpayers Foundation	24 Provenance St, Boston, MA, 02108, US	Director

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
500 Atlantic Ave, Unit 15N, Boston, MA, 02210, US	F, S/C	No			\$100,001 or more
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
Fidelity Massachusetts Municipal Money MArket	F, S/C	Bond	Less than \$1,001

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
BBH Core Select Fund Class N(BBTEx)	F, S/C			
BlackRock Funds II, Strategic Income Opportunities Ptf Institutional(BS IIX)	F, S/C			
Goldman Sachs MLP Energy Infrastructure Institutional Shares(GMLPX)	F, S/C			
iShares North American Natural Resources ETF(IGE)	F, S/C			
JPMorgan Strategic Income Opportunities Fd Select Cl(JSOSX)	F, S/C			
Salient MLP & Energy Infrastructure Fund II Class I(SMLPX)	F, S/C			

Scout Unconstrained Bond Fund Inst Cl (SUBFX)	F, S/C			
Vanguard FTSE Emerging Markets ETF (VWO)	F, S/C			
Vanguard S&P 500 ETF (VOO)	F, S/C			
Vanguard Total World Stock Index ETF (VT)	F, S/C			
Fidelity Investments	F, S/C	Fidelity Charitable Income Pool	Kentucky	100 Crosby Parkway Mail Zone KC1D-FCS, Covington, KY, 41015, US

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.

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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
Eastern Bank	265 Franklin St, Boston, MA, 02110, US	30 years	3.75	2043

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

Real Estate Address	Obligor	Original Amount	Outstanding Amount	Mortgage Term	Interest Rate (%)	Termination Year	Creditor Name	Creditor Address
500 Atlantic Ave, Unit 15N, Boston, MA, 02110, US	F, S/C	\$100,001 or more	\$100,001 or more	30	3.75	2043	Eastern Bnak	265 Franklin St, Boston, MA, 02110, US
Redacted	F, S/C	\$100,001 or more	\$100,001 or more	30	3.5	2043	Eastern Bank	265 Franklin St, Boston, MA, 02110, US

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.

Filer reported none.

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.

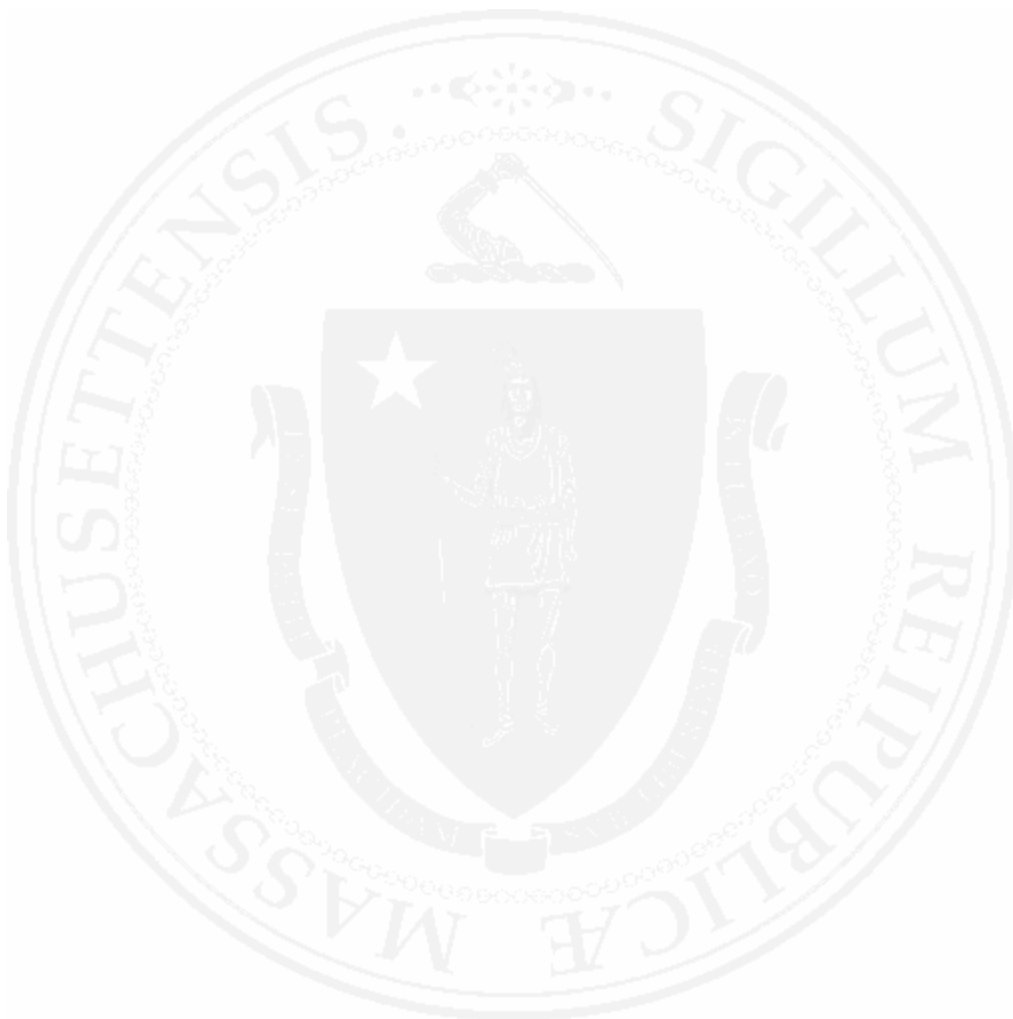
Filer reported none.

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, Maria J Krokidas, 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: 11/23/2016

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.