# **Statement of Financial Interests for 2017**



CONTACT INFORMATION	
Last Name:	First Name and Middle initial:
Murphy	Bernard J
Work Phone Number:	Other Phone:
(617) 624-7789	
Work Email:	Other Email:
bernie.murphy@massmail.state.ma.us	
Primary Residence Address:	
Redacted	
Contact mailling address	
Redacted	
You indicated that you did have a spouse residing in your household durin	ng 2017.
You indicated that you did have dependent child(ren) residing in your house	sehold during 2017.
	6 F 1
Candidacy and Public Service	

1. If you are a candidate for public office, please indicate the public office you are seeking.

Filer reported none.

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2. 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.

Agency Name	Address	Position	Date	Amount of Income
Department of Developmental Services (DDS)	500 Harrison Avenue, Boston, MA, 02118, US	Director of Investgations	06/19/2000	\$100,001 or more
Department of Developmental Services (DDS)	500 Harrison Avenue, Boston, MA, 02118, US	Director of Investigation s	06/19/2000	\$100,001 or more

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 2017, whether compensated or not, and whether full- or part-time.

Filer reported none.

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 2017, whether compensated or not, and whether full- or part-time.

Public Agency	Public Agency Name	Address	Position	Consultant / Contractor?	Services Provided
Municipal	Mansfield Public Schools	Park Row, Mansfield, MA, 02048, US	Counselor	N/A	
State	Bristol District Attorney	800 Purchase Street, New bedford, MA, 02744, US	Assistant District Attorney	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 2017, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Filer reported none.

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6. Identify any Business from which you were on a leave of absence at any time during 2017, 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 2017, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Business Name	Self-employed	Address	Position
World Travel Holdings	N/A	100 Fordham Road, Building C, Wilmington, MA, 01887, US	Employee
Francesca's	N/A	280 School St d155, Mansfield, MA, 02048, US	Employee
Beth Israel Deaconess Hospital	N/A	330 Brookline Ave, Boston, MA, 02215, US	Employee

## **Business Ownership and Transfers**

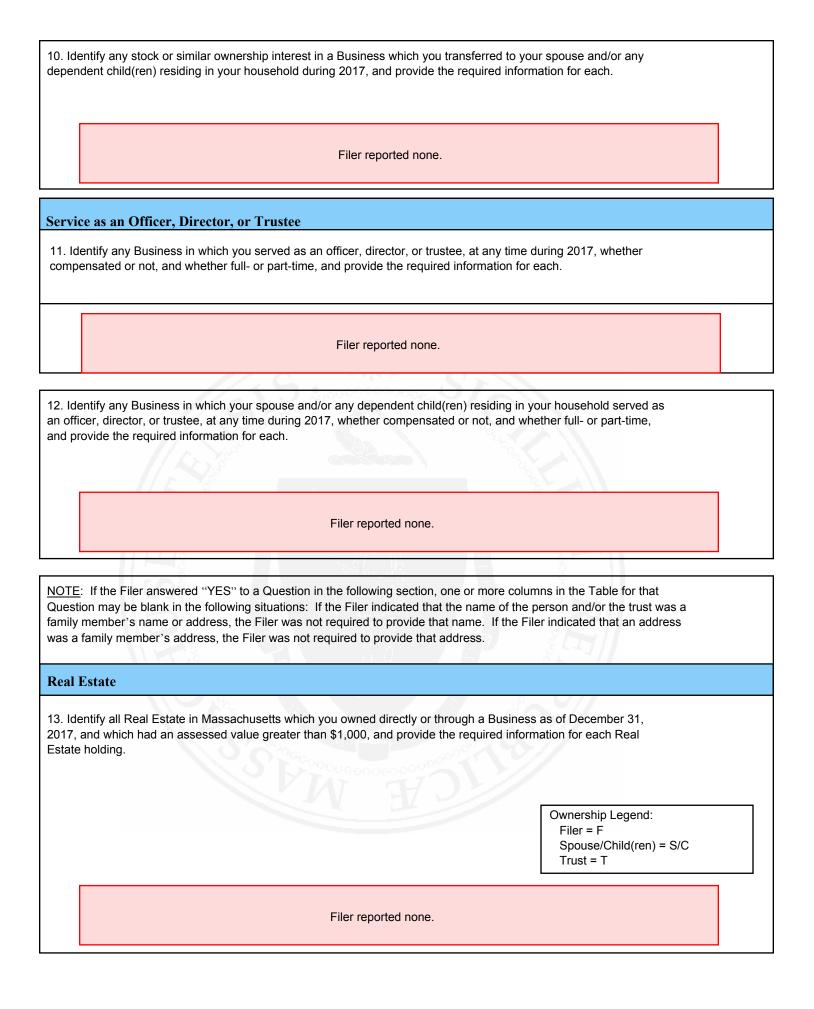
8. Identify each Business of which you were, in whole or in part, an owner, partner, or proprietor, or in which you owned more than 1% of any class of the outstanding stock or similar ownership interest, at any time during 2017, and provide the required information for each.

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 2017, and provide the required information for each.

Business Name	Address
LaSerre Restaurant	14 Green Street, Albany, NY, 12207, US
Ross' Ice Cream Stand	1342 New Scotland Avenue, Slingerlands, NY, 12159, US

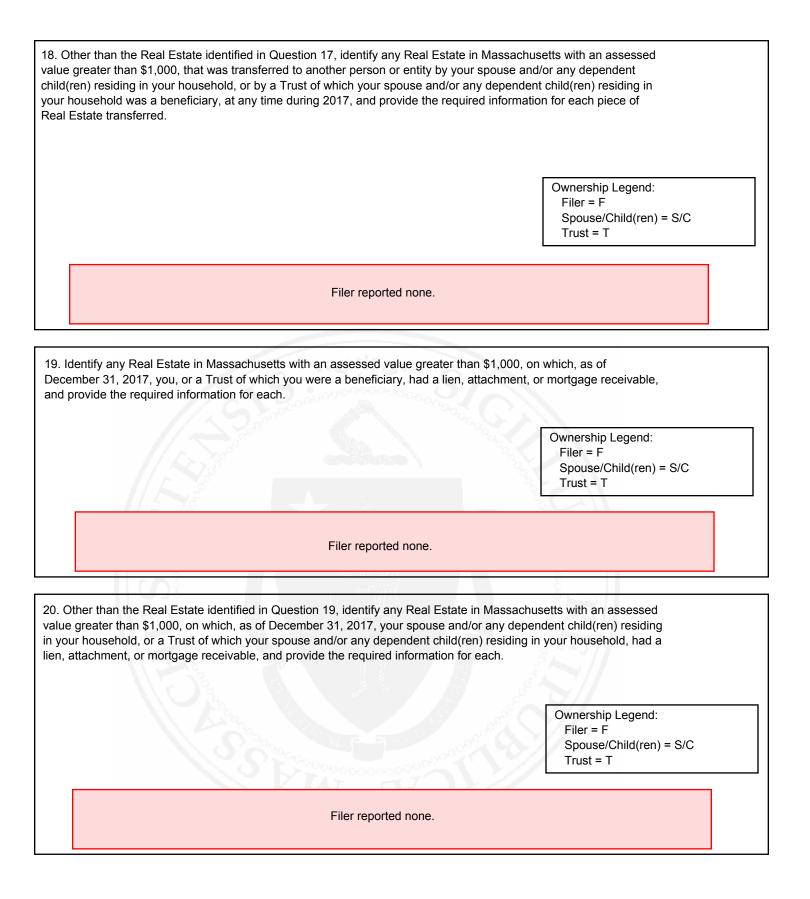
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14. Other than the Real Estate identified in Question 13, identify all Real Estate in Massachuse and/or any dependent child(ren) residing in your household owned directly or through a Busine 2017, and which had an assessed value greater than \$1,000, and provide the required informatestate holding.	ess as of December 31,
Filer reported none.	
15. Identify any Trust of which you were a beneficiary and which owned Real Estate in Massa December 31, 2017, with an assessed value greater than \$1,000, and provide the required inf 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 spous dependent child(ren) residing in your household was a beneficiary and which owned Real Estate of December 31, 2017, with an assessed value greater than \$1,000, and provide the required such Trust and Real Estate holding.	ate in Massachusetts as
Filer reported none.	
	7//
17. Identify any Real Estate in Massachusetts with an assessed value greater than \$1,000, th another person or entity by you, or by a Trust of which you were a beneficiary, at any time dur the required information for each Real Estate holding.	
Filer reported none.	

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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, 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.

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

Filer reported none.

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, 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.

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, 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.

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

Filer reported none.

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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, 2017, 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, 2017, 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
Dell Technologies	F, S/C	Common Stock	Deleware	1 Dell Way, Round Rock, TX, 78682, US
Cysco Sysrems	F, S/C	Common Stock	California	170 Tasmean
				Driv, San Jose, CA, 95134, US

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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, 2017, 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.

Name of Issuer	Description of Investment	Principal Place of Business or State of Incorporation	Address
CENVEO INC	Common Stock	Deleware	200 First Stamford Place, Stamford, CT, 06902, US
COMPASS DIV TR SHS BENEFICIAL	Common Stock	Deleware	15 South 20th Street, Birmingham, AL, 35233, US
CONAGRA BRANDS INC	Common Stock	Deleware	222 West Merchandise Mart Plaza, Chicago, MA, 60654, US
GENERAL ELECTRIC CO	Common Stock	New York	3135 East Trunpike, Fairfield, CT, 06828, US
JOHNSON & JOHNSON	Common Stock	New Jersey	One Johnson & Johnson Plaza, New Brunswick, NJ, 08933, US

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		US
Common Stock	Ohio	127 Public Square, Cleveland, OH, 44114, US
Common Stock	Deleware	2711 Centerville Road, New Castle, DE, 19808, US
Common Stock	Washington	920 Fourth Avenue, Seattle, WA, 98104, US
Common Stock	Deleware	50 Oracle Parkway, Redwood City, CA, 94065, US
Common Stock	California	Pacific Gas and Electric Building, San Fransisco, CA, 94102, US
	Common Stock Common Stock	Common Stock Deleware  Common Stock Washington  Common Stock Deleware

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Trust CO Bank Corp	Common Stock	New York	5 Sarnowski Drive, Glenville, NY, 12302, US
WALT DISNEY CO HLDG CO	Common Stock	California	500 South Buena Vista Street, Burbank, CA, 91521, US
WESTAR ENERGY INC	Common Stock	Kansas	818 Kansas Avenue, Topeka, KS, 66601, US
EATON VANCE FLOATING RT INCM	Mutual Fund	Massachusetts	Two International Place, Boston, MA, 02110, US
INVESCO VAN KAMPEN SR INC TRST	Mutual Fund	Missouri	430 W 7th St, Kansas City, MO, 64105, US
ISHARES 7-10 YR TREASRY BD ETF	Mutual Fund	California	400 Howard Street, San Francisco, CA, 94105, US

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Mutual Fund	California	400 Howard Street, San Francsico, CA, 94105, US
Mutual Fund	Massachusetts	111 Huntington Anvenue, Boston, MA, 02199, US
Mutual Fund	Massachusetts	111 Huntington Avenue, Boston, MA, 02199, US
Mutual Fund	Massachusetts	111 Huntington Avenue, Boston, MA, 02199, US
Mutual Fund	Illinois	333 West Wacker Drive, Chicago, IL, 60606, US
Mutual Fund	California	385 East Colorado Blvd, Pasadena, MA, 91101, US
	Mutual Fund  Mutual Fund  Mutual Fund	Mutual Fund Massachusetts  Mutual Fund Massachusetts  Mutual Fund Massachusetts

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27. Identify every Financial Investment that was owned as of December 31, 2017, 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, 2017, 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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<u>NOTE</u>: 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, 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.

Creditor Name	Creditor Address	Mortgage Term	Interest Rate (%)	Termination Year
Mansfield Bank	80 N. Main Street, Mansfield, MA, 02048, US	30 years	4.25	2040

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, 2017, 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 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 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.

Filer reported none.

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32. 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.	
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, 2017, 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 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.	
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 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.	
Filer reported none.	

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Reimbursments, Gifts, and Honoraria	
36. 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).	
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 2017 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 2017 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 2017 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 2017 by any person having a direct interest in a matter before a governmental body by which you were or are now employed.	
Filer reported none.	

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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 2017 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.

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 2017, own anything that you have not reported on this Statement of Financial Interests because it was held in a Blind Trust during 2017?

Filer reported none.



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I, Bernard J Murphy, 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: 04/06/2018

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 2017 filling before submitting.

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