# **Statement of Financial Interests for 2019**



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 durir	ng 2019.
You indicated that you did have dependent child(ren) residing in your hou	sehold during 2019.

## **Candidacy and Public Service**

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

Filer reported none.

Original Page 1 of 20

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

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 2019, 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 2019, 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 2019, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Filer reported none.

6. Identify any Business from which you were on a leave of absence at any time during 2019, and provide its address.

Filer reported none.

Original Page 2 of 20

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 2019, 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 2019, 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 2019, 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

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 2019, and provide the required information for each.

Filer reported none.

Original Page 3 of 20

#### 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 2019, 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 2019, whether compensated or not, and whether full- or part-time, 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.

#### **Real Estate**

13. Identify all Real Estate in Massachusetts which you owned directly or through a Business as of December 31, 2019, 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

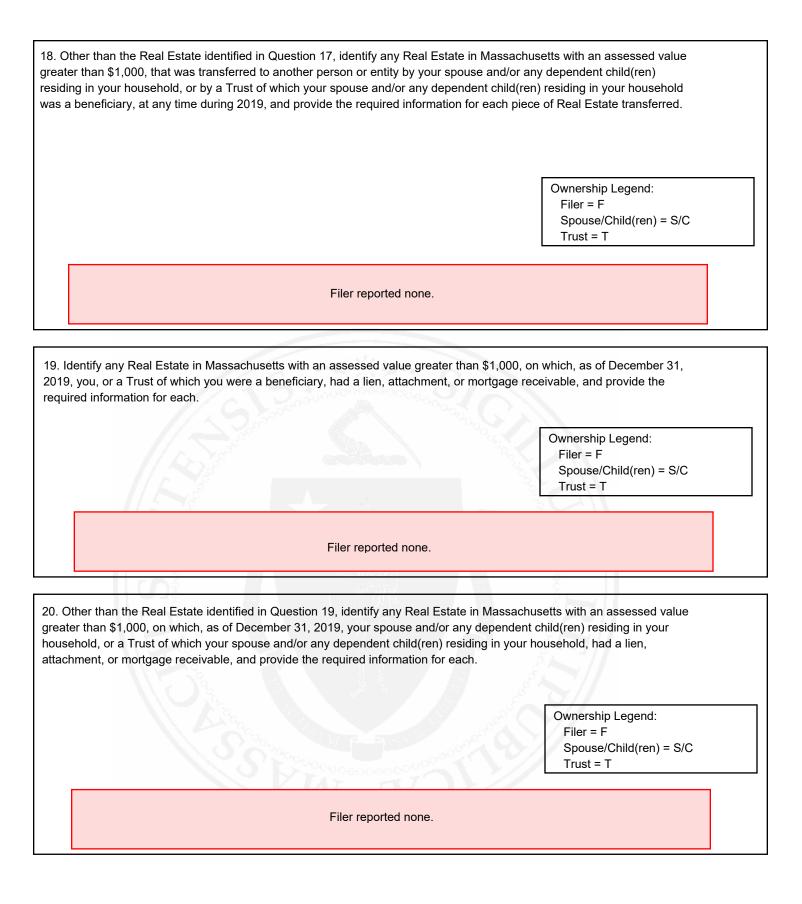
Trust = T

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

Original Page 4 of 20

14. Other than the Real Estate identified in Question 13, identify all Real Estate in Massachuset and/or any dependent child(ren) residing in your household owned directly or through a Busines and which had an assessed value greater than \$1,000, and provide the required information for	s as of December 31, 2019,
Filer reported none.	
15. Identify any Trust of which you were a beneficiary, and which owned Real Estate in Massac 2019, with an assessed value greater than \$1,000, and provide the required information for each holding.	
5 3000000000000000000000000000000000000	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 child(ren) residing in your household was a beneficiary, and which owned Real Estate in Massac 31, 2019, with an assessed value greater than \$1,000, and provide the required information for Estate holding.	chusetts as of December
Filer reported none.	
17. Identify any Real Estate in Massachusetts with an assessed value greater than \$1,000, that person or entity by you, or by a Trust of which you were a beneficiary, at any time during 2019, information for each Real Estate holding.	
	Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T
Filer reported none.	

Original Page 5 of 20



Original Page 6 of 20

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, 2019, 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, 2019, 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, 2019, 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.

Original Page 7 of 20

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, 2019, 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, 2019, 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
TETON Westwood Mighty Mites Class I (WEIMX)	F, S/C			

Original Page 8 of 20

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, 2019, 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.

Description of Investment	Principal Place of Business or State of Incorporation	Address
Common Stock	Deleware	200 First Stamford Place, Stamford, CT, 06902, US
Common Stock	Deleware	222 West Merchandise Mart Plaza, Chicago, MA, 60654, US
Common Stock	New York	3135 East Trunpike, Fairfield, CT, 06828, US
Common Stock	Deleware	1209 Orange Street, Wilmington, DE, 19801, US
Common Stock	Ohio	127 Public Square, Cleveland, OH, 44114, US
	Common Stock  Common Stock  Common Stock	Common Stock Deleware  Common Stock New York  Common Stock Deleware

Original Page 9 of 20

MICROSOFT CORP	Common Stock	Washington	920 Fourth Avenue, Seattle, WA, 98104, US
ORACLE CORP	Common Stock	Deleware	50 Oracle Parkway, Redwood City, CA, 94065, US
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
EATON VANCE LTD Duration FD	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

Original Page 10 of 20

ISHARES BARCLAYS 1-3 YR TSY BD	Mutual Fund	California	400 Howard Street, San Francsico, CA, 94105, US
MFS CHARTER INCOME TR SBI	Mutual Fund	Massachusetts	111 Huntington Anvenue, Boston, MA, 02199, US
NUVEEN NEW YORK MUNI VALUE FD	Mutual Fund	Illinois	333 West Wacker Drive, Chicago, IL, 60606, US
Apple Inc Common Stock(AAPL)			
AT&T Inc.(T)			
Chevron Corporation Common Stock(CVX)			<u>9//</u>

Original Page 11 of 20

Cisco Systems, Inc. - Common Stock(CSCO) Discover Financial Services Common Stock (DFS) dowdupont inc Common Stock midland, michigan 2211 hh dow way, midland, MI, 48674, US General Motors Company Common Stock(GM) Intel Corporation -Common Stock(INTC) Common Stock cakifornia intel business 2200 mission college machines blvd, santa clara, CA, 95052, US

Original Page 12 of 20

Merck & Company, Inc. Common Stock (new) (MRK) Pfizer, Inc. Common Stock (PFE) Royal Dutch Shell PLC Royal Dutch Shell American Depositary Shares (Each representing two Class A Ordinary Shares) (RDS.A) Verizon Communications Inc. Common Stock(VZ) corteva, inc Common Stock Delaware 974 Centre Road, Wilmington, DE, 19805, US Massachusetts Energy SEL SECT 1 Lincoln Street, Boston, SPDR FD MA, 02111, US

Original Page 13 of 20

iShares Core MSCI EAFE ETF(IEFA)  iShares Core MSCI Emerging Markets ETF(IEMG)		
American Beacon Mutual Fund	Texas	200 East Las Colinas Blvd, Irving, TX, 75039, US
Gabelli Gold I Mutual Fund	Maryland	ONE CORPORATE CENTER, Rye, NY, 10580, US
salient mlp energy Mutual Fund infras i	Texas	4265 SAN FELIPE SUITE 800, Houston, TX, 77027, US
TETON Westwood Mighty Mites Class I(WEIMX)	TA O	

Original Page 14 of 20

27. Identify every Financial Investment that was owned as of December 31, 2019, 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, 2019, 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.

<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, 2019, where the creditor (person who loaned you the money) is <u>not</u>, 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

Original Page 15 of 20

30. Did you have a mortgage, including a home equity or reverse mortgage loan, on any property <u>OTHER</u> than your Primary Residence, on which more than \$1,000 was owed as of December 31, 2019, which you were obligated to pay and where the creditor (person who loaned you the money) is <u>NOT</u> , 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.			
Reside 31, 20 where not, by	entify all mortgages, including home equity and reverse mortgage loans, other than any mortgage on your Primary ence or any mortgage identified in response to Question 30, on which more than \$1,000 was owed as of December 19, and which your spouse and/or any dependent child(ren) residing in your household were obligated to pay and the creditor (person who loaned the money to your spouse and/or dependent child(ren) residing in your household) is a blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.			
	Filer reported none.			
you ov great-g	entify all non-mortgage debts of more than \$1,000 that you owed as of December 31, 2019, IF the person to whom wed the debt is <u>not</u> , by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, grandchild, grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required ation for each.			
	Filer reported none.			
house your h great-q	entify all non-mortgage debts of more than \$1,000 that your spouse and/or any dependent child(ren) residing in your mold owed as of December 31, 2019, if the person to whom your spouse and/or any dependent child(ren) residing in cousehold owed the debt is not, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required ation for each.			
	Filer reported none.			
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Original Page 16 of 20

34. Identify non-mortgage debts of more than \$1,000 which you owed and which were forgiven at any time during 2019, <a href="excluding">excluding</a> 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 2019, 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.						
Reimbursments, Gifts, and Honoraria						
36. Identify any Reimbursements for expenses in excess of \$100 provided to you at any time during 2019 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 2019 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.						

Original Page 17 of 20

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 2019 by any legislative agent or executive agent (lobbyist).				
	Filer reported none.			
provid	dentify any Reimbursements for expenses in excess of \$100, other than those identified in response to Question 36, led to your spouse and/or dependent child(ren) residing in your household at any time during 2019 by any person g 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 2019 by any person having a direct interest in a matter before a governmental body by which you were or are now employed.				
ı				
	Filer reported none.			
residin	entify any Gifts and/or Honoraria worth more than \$100 provided to your spouse and/or any dependent child(ren) ng in your household at any time during 2019 by any person having a direct interest in a matter before the nmental body by which you were or are now employed.			
	Filer reported none.			

Original Page 18 of 20

<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.

#### **Blind Trusts**

40. Did you, your spouse and/or any dependent child(ren) residing in your household during 2019, own anything that you have not reported on this Statement of Financial Interests because it was held in a Blind Trust during 2019?

Filer reported none.



Original Page 19 of 20



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: 03/30/2020

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 2019 filling before submitting.

Original Page 20 of 20