Statement of Financial Interests for 2020



CONTACT INFORMATION			
Last Name:	First Name and Middle initial:		
Regner	Cecile M		
Work Phone Number:	Other Phone:		
(857) 701-1272			
Work Email:	Other Email:		
cregner@rcc.mass.edu			
Primary Residence Address:			
Redacted			
Contact mailling address			
Redacted			
You indicated that you had no spouse living in your household at any time	during 2020.		
You indicated that you had no dependent child(ren) residing in your house	hold at any time during 2020.		
Candidacy and Public Service	8		

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

Filer reported none.

Original Page 1 of 14

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
Roxbury Community College	1234 Columbus Avenue, Roxbury Crossing, MA, 02120, US	Interim Vice President for Enrollment Management and Student Affairs	10/01/2013 - 01/31/2014	\$20,001 to 40,000
Roxbury Community College	1234 Columbus Avenue, Roxbury Crossing, MA, 02120, US	Interim Vice President for Academic & Student Affairs	02/02/2014 - 08/31/2014	\$100,001 or more
Roxbury Community College	1234 Columbus Avenue, Roxbury Crossing, MA, 02120, US	Vice President for Academic & Student Affairs	09/01/2014	\$100,001 or more
Roxbury Community College	1234 Columbus Avenue, Roxbury Crossing, MA, 02120, US	Vice President, Academic & Student Affairs	09/01/2014	\$100,001 or more
Roxbury Community College	1234 Columbus Avenue, Roxbury Crossing, MA, 02120, US	Vice President for Academic & Student Affairs	09/01/2014	\$100,001 or more
Roxbury Community College	1234 Columbus Avenue, Roxbury Crossing, MA, 02120, US	Vice President for Academic & Student Affairs	09/01/2014	\$100,001 or more
Roxbury Community College	1234 Columbus Avenue, Roxbury Crossing, MA, 02120, US	Vice President for Academic & Student Affairs	09/01/2014	\$100,001 or more
Roxbury Community College	1234 Columbus Ave NULL, Roxbury Crossing, MA, 02120, US	VP Academic & Student Affairs	09/01/2014	\$100,001 or more
Roxbury Community College	1234 Columbus Avenue, Roxbury Crossing, MA, 02120, US	Vice President, Institutional Effectiveness	09/03/2019	\$100,001 or more

Original Page 2 of 14

Roxbury Community College	1234 Columbus Avenue, Roxbury Crossing, MA, 02120, US	Vice President, Institutional Effectiveness	09/03/2019	\$100,001	or more
Roxbury Community College	1234 Columbus Avenue, Roxbury Crossing, MA, 02120, US	EVP, Institutional Effectiveness	01/04/2021	\$100,001	or more
	s) identified in Question 2, identify everices, at any time during 2020, whether		• •		
	Filer repo	rted none.			
every public agency to whi	sition your spouse and/or any dependent ch your spouse and/or any dependent care 2020, whether componented or not a	child(ren) residing in your	household provided		
every public agency to whi		child(ren) residing in your and whether full- or part-tir	household provided		
every public agency to whi services, at any time during	ch your spouse and/or any dependent g 2020, whether compensated or not, a Filer report	child(ren) residing in your and whether full- or part-tir	household provided		
Private Employment are 5. Identify every Business any time during 2020, whe	ch your spouse and/or any dependent g 2020, whether compensated or not, a Filer report	child(ren) residing in your and whether full- or part-tired and mone.	household provided me.	etor at	
every public agency to whiservices, at any time during Private Employment ar 5. Identify every Business	ch your spouse and/or any dependent g 2020, whether compensated or not, a Filer reported the Leaves of Absence for which you worked as an employee,	child(ren) residing in your and whether full- or part-tired none. manager, consultant, or in full- or part-time, and proving the second none.	household provided me.	etor at	
Private Employment ar 5. Identify every Business any time during 2020, whe for each.	ch your spouse and/or any dependent g 2020, whether compensated or not, a Filer reported at Leaves of Absence for which you worked as an employee, ther compensated or not, and whether	child(ren) residing in your and whether full- or part-tired and none. manager, consultant, or in full- or part-time, and proved and none.	ndependent contract/ide the required inf	ctor at formation	

Original Page 3 of 14

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 2020, whether compensated or not, and whether full- or part-time, and provide the required information for each.
Filer reported none.
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 2020, 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 2020, 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 2020, 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 2020, whether compensated or not, and whether full- or part-time, and provide the required information for each.
Filer reported none.

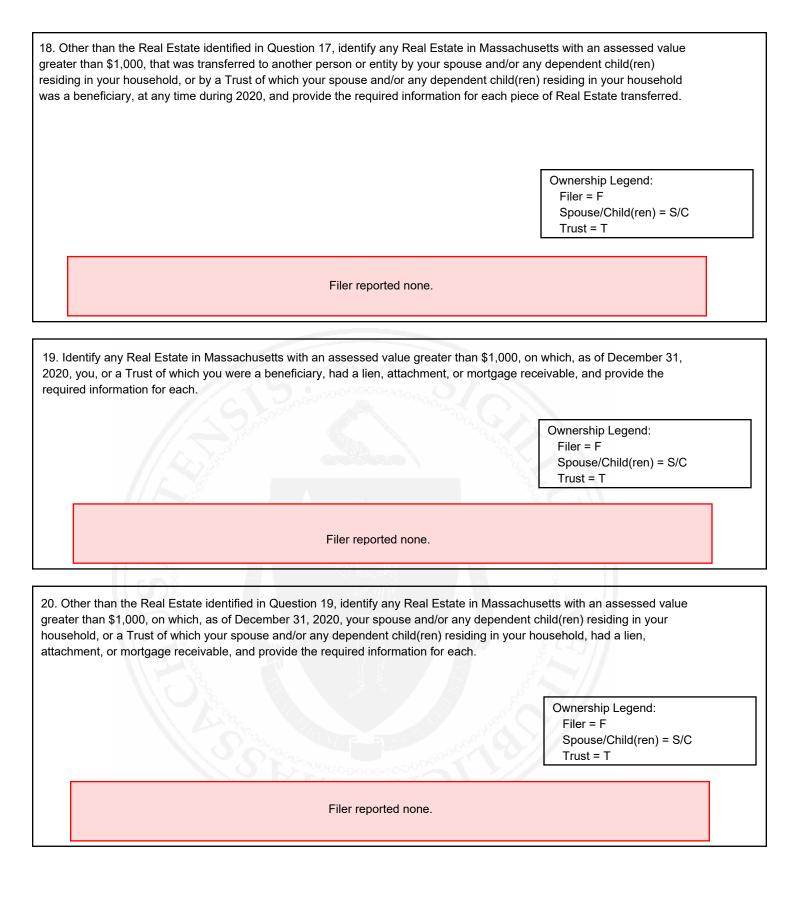
Original Page 4 of 14

an offi	entify any Business in which your spouse and/or any dependent child(ren) residing in your household served as icer, director, or trustee, at any time during 2020, whether compensated or not, and whether full- or part-time, and le the required information for each.	
	Filer reported none.	
Questi family	E: If the Filer answered "YES" to a Question in the following section, one or more columns in the Table for that tion may be blank in the following situations: If the Filer indicated that the name of the person and/or the trust was a member's name or address, the Filer was not required to provide that name. If the Filer indicated that an address family member's address, the Filer was not required to provide that address.	
Real	Estate	
	entify all Real Estate in Massachusetts which you owned directly or through a Business as of December 31, 2020, 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 Filer reported none.	
and/or	ther than the Real Estate identified in Question 13, identify all Real Estate in Massachusetts which your spouse rany dependent child(ren) residing in your household owned directly or through a Business as of December 31, 2020, which had an assessed value greater than \$1,000, and provide the required information for each Real Estate holding. Filer reported none.	
	Filet reported frome.	

Original Page 5 of 14

15. Identify any Trust of which you were a beneficiary, and which owned Real Estate in Mas	seachusetts as of December 21
2020, with an assessed value greater than \$1,000, and provide the required information for 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 spechild(ren) residing in your household was a beneficiary, and which owned Real Estate in Ma 31, 2020, with an assessed value greater than \$1,000, and provide the required information Estate holding. Filer reported none.	ssachusetts as of December
The reported fione.	
	\$C.11
17. Identify any Real Estate in Massachusetts with an assessed value greater than \$1,000, person or entity by you, or by a Trust of which you were a beneficiary, at any time during 20 information for each Real Estate holding.	
	Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T
	D. A.
Filer reported none.	

Original Page 6 of 14



Original Page 7 of 14

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, 2020, 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, 2020, 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, 2020, 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 8 of 14

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, 2020, 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 had a fair market value as of that date greater than \$1,000, and provide the required information			
5 · 6 · 6 · 6 · 6 · 6 · 6 · 6 · 6 · 6 ·	Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T		
Filer reported none.			
26. Other than the Financial Investments identified in Question 25, identify every Financial II and/or any dependent child(ren) residing in your household owned directly or through a Bus and which had a fair market value as of that date greater than \$1,000, and provide the requifinancial Investment not included on the drop-down list of publicly traded stock, you must puplace of business or state of incorporation as well as its address.	iness as of December 31, 2020, red information for each. For any		
Filer reported none.			
	2 ~ //		
27. Identify every Financial Investment that was owned as of December 31, 2020, by a Trus beneficiary, and which had a fair market value as of that date greater than \$1,000, and proveach. For any Financial Investment not included on the drop-down list of publicly traded stocissuer's principal place of business or state of incorporation as well as its address.	ide the required information for		
	Beneficiary Legend: Filer = F Spouse/Child(ren) = S/C Trust = T		
Filer reported none.			

Original Page 9 of 14

28. Other than the Financial Investments identified in Question 27, identify every Financial Investment that was owned as of December 31, 2020, 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, 2020, 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. Filer reported none. 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, 2020, 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.

Original Page 10 of 14

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, 2020, 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.			
32. Identify all non-mortgage debts of more than \$1,000 that you owed as of December 31, 2020, IF the person to whom you owed 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 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, 2020, 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 2020, 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.			

Original Page 11 of 14

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 2020, <u>excluding</u> 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.		
Reim	abursments, Gifts, and Honoraria		
	entify any Reimbursements for expenses in excess of \$100 provided to you at any time during 2020 by any legislative or executive agent (lobbyist).		
	Filer reported none.		
you re	dentify any Reimbursements for expenses in excess of \$100, other than those identified in response to Question 36, eceived at any time during 2020 from any person having a direct interest in a matter before the governmental body by you were or are now employed.		
	Filer reported none.		
	entify any Reimbursements for expenses in excess of \$100 provided to your spouse and/or any dependent child(ren) ng in your household at any time during 2020 by any legislative agent or executive agent (lobbyist).		
	Filer reported none.		

Original Page 12 of 14

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 2020 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.		
	entify any Gifts and/or Honoraria worth more than \$100 provided to you at any time during 2020 by any person having ct interest in a matter before a governmental body by which you were or are now employed.		
	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 2020 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.		
Questi family	: If the Filer answered "YES" to a Question in the following section, one or more columns in the Table for that ion may be blank in the following situations: If the Filer indicated that the name of the person and/or the trust was a member's name or address, the Filer was not required to provide that name. If the Filer indicated that an address family member's address, the Filer was not required to provide that address.		
Blin	d Trusts		
	Did you, your spouse and/or any dependent child(ren) residing in your household during 2020, own anything that you e not reported on this Statement of Financial Interests because it was held in a Blind Trust during 2020?		
	Filer reported none.		

Original Page 13 of 14



I, $\mbox{Cecile M Regner}$, $\mbox{certify under the pains and penalties of perjury that:}$

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: 02/10/2021

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 2020 filling before submitting.

Original Page 14 of 14