Statement of Financial Interests for 2017



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.

Address	Position	Date	Amount of Income
100 Cambridge St, Boston,	Chief Trustee	09/17/2018	\$100,001 or
MA, 02114, US	Tax		more
100 Cambridge St, Boston,	Chief	09/17/2018	\$100,001 or
MA, 02114, US	Trustt\ee Tax		more
	100 Cambridge St, Boston, MA, 02114, US 100 Cambridge St, Boston,	100 Cambridge St, Boston, Chief Trustee MA, 02114, US Tax 100 Cambridge St, Boston, Chief	100 Cambridge St, Boston, Chief Trustee 09/17/2018 MA, 02114, US Tax 100 Cambridge St, Boston, Chief 09/17/2018

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.

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 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
Liberty Mutual	N/A	157 Berklee st, Boston, MA, 02116, US	Employee
Liberty Mutual	N/A	157 Berlkee st, Boston, MA, 02116, 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
Mystic Communications	146 Forest St, Medford, MA, 02115, US

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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 2017, 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 2017, 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 2017, whether compensated or not, and whether full- or part-time, and provide the required information for each.

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.

Real Estate

13. Identify all Real Estate in Massachusetts which you owned directly or through a Business as of December 31, 2017, 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

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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, 2017, and which had an assessed value greater than \$1,000, and provide the required information for each Real Estate holding.

Property Address	Transferred?	Transferor Name	Transferor Address
684 Woodman St., Fall River, MA, 02155, US	No		

15. Identify any Trust of which you were a beneficiary and which owned Real Estate in Massachusetts as of December 31, 2017, with 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, 2017, with an assessed value greater than \$1,000, and provide the required information for each such Trust and Real Estate holding.

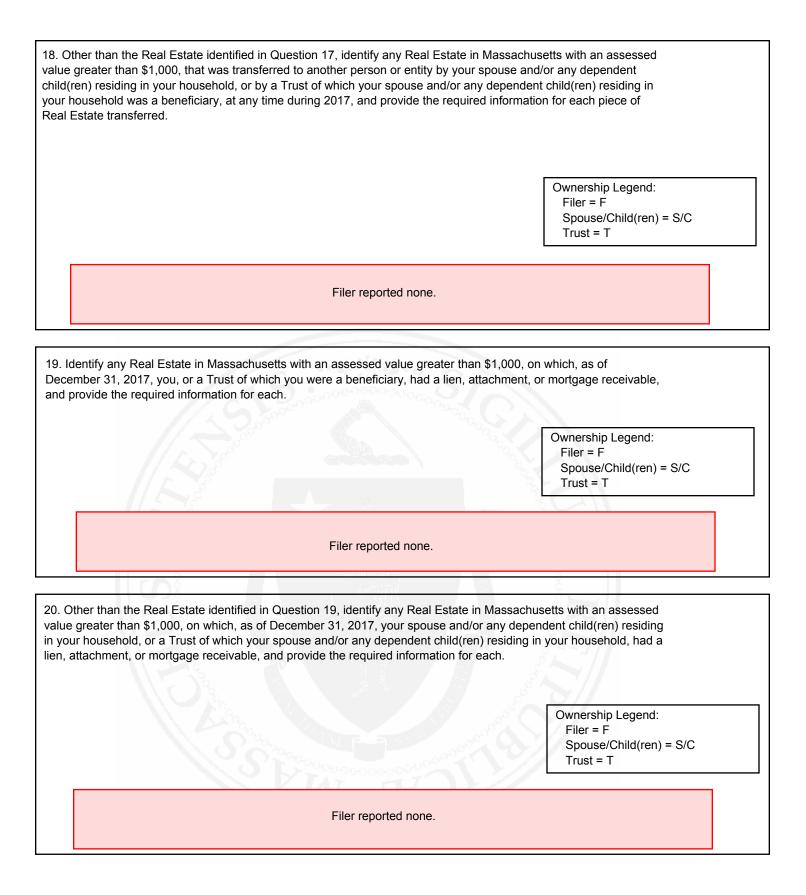
Filer reported none.

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 2017, and provide the required information for each Real Estate holding.

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

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.



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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
Exxon Mobil Corporation Common Stock(XOM)	F, S/C			
AT&T Inc.(T)	F, S/C	5.6000000000000000000000000000000000000		
Pepsico, Inc. Common Stock(PEP)	F, S/C			
Verizon Communications Inc. Common Stock(VZ)	F, S/C			
Apple Inc Common Stock(AAPL)	F, S/C			
Bank of America Corporation Common Stock(BAC)	F, S/C			

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Lockheed Martin Corporation Common Stock(LMT)	F, S/C
National Grid Transco, PLC National Grid PLC (NEW) American Depositary Shares (NGG)	F, S/C
iShares Core High Dividend ETF(HDV)	F, S/C
Hennessy Small Cap Financial Fd Inv Cl(HSFNX)	F, S/C
MFS Municipal Income Fund Cl I(MIMIX)	F, S/C
Putnam Diversified Income Trust Class Y(PDVYX)	F, S/C
Kinder Morgan, Inc. Common Stock(KMI)	F, S/C
iShares Russell Mid-Cap ETF(IWR)	F, S/C

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Mark Func	Emerging kets Debt d Class EDIX)	F, S/C			
	riprise ver Source)	F, S/C	Annuity	DE	10 Ameriprise Financial Center, Minneapolis, MN, 55474, US
spous Decer inform	e and/or any depende nber 31, 2017, and wh ation for each. For any	nt child(ren) re ich had a fair ⁄ Financial Inv	esiding in your hous market value as of t estment not include f business or state o	n 25, identify every Financial Invehold owned directly or through that date greater than \$1,000, and on the drop-down list of public of incorporation as well as its admorted none.	a Business as of nd provide the required cly traded stock, you
	- //:				
benefi inform	ciary, and which had a ation for each. For any	fair market var Financial Inv	alue as of that date estment not include f business or state o	December 31, 2017, by a Trust greater than \$1,000, and proviced on the drop-down list of public incorporation as well as its addressed none.	e the required cly traded stock, you
	11/2	No.			C //
owned house require	d as of December 31, 2 hold was a beneficiary ed information for each	2017, by a Tru , and which ha . For any Fina	st of which your spo ad a fair market valu ancial Investment no	n 27, identify every Financial Invouse and/or any dependent chilute as of that date greater than \$00 tincluded on the drop-down lists or state of incorporation as well	d(ren) residing in your 1,000, and provide the t of publicly traded
			Filer rep	ported 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
Chase	PO Box 182613, Columbus, OH, 43218, US	15 years	2.75	2027

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

Real Estate	Obligor	Original	Outstanding	Mortgage	Interest	Termination	Creditor	Creditor
Address		Amount	Amount	Term	Rate (%)	Year	Name	Address
Redacted	F, S/C	\$100,001 or more	\$100,001 or more	20 years	3.5	2037	BB&T	PO Box 2467, Greenvil le, SC, 29602, US

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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.	
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.	

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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.	
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 legislation, legislative action, or a matter before a governmental body.	
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.	

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37.a Identify any Reimbursements for expenses in excess of \$100, other than those identified in response to Question 37, 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 legislation, legislative action, or a matter before a governmental body.
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 legislation, legislative action, or a matter before a governmental body.
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 2017 by any person having a direct interest in legislation, legislative action, or a matter before a governmental body. 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, Dale J. Morrow, 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: 03/16/2019

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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