

# Statement of Financial Interests for 2015



## CONTACT INFORMATION

**Last Name:**

**First Name and Middle initial:**

Lambert

Debra M.

**Work Phone Number:**

**Other Phone:**

(617) 624-5252

**Work Email:**

**Other Email:**

debra.lambert@state.ma.us

**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    |
|-----------------------------------|--|------------------------|-------------------------|---------------------|
| Department of Public Health (DPH) | 250 Washington St, Boston, MA, 02108, US | Deputy Budget Director | 09/22/2014 - 06/30/2015 | \$60,001 to 100,000 |

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.

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 2015, whether compensated or not, and whether full- or part-time.

| Public Agency | Public Agency Name | Address                                | Position                                     | Consultant / Contractor? | Services Provided |
|---------------|--------------------|--|--|--------------------------|-------------------|
| State         | OSD                | 1 Ashburton Pl., Boston, MA, 02108, US | Assistant Secretary for Operational Services | 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 2015, 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 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.

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 2015, 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 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.

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 2015, 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, 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 |
| 10 Fairway Dr,<br>Tewksbury, MA,<br>01876, US | 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

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, 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.

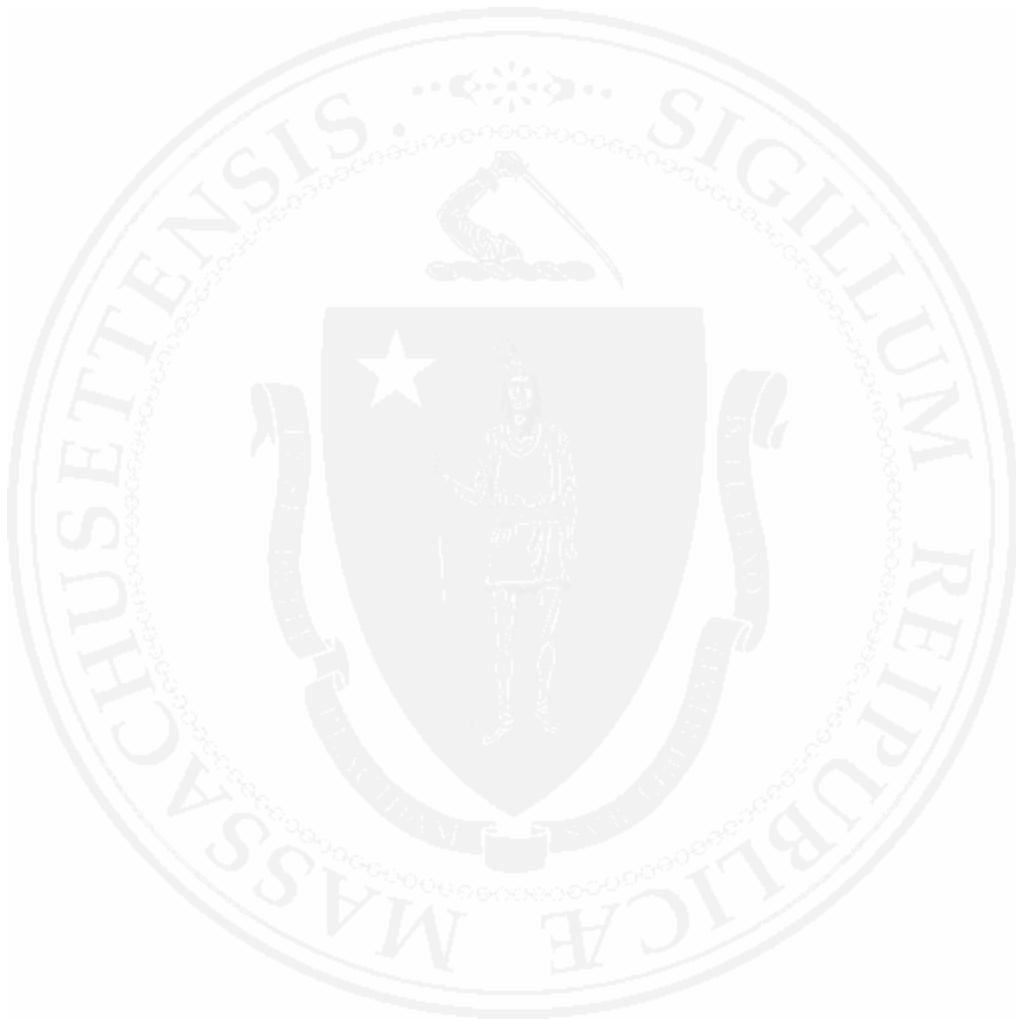
23. Identify every bond or other security issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, which was owned as of December 31, 2015, by a Trust of which you were a beneficiary, whether directly or through a Business, and which had a fair market value 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 |
|---|--------|---------------------------|---|---------|
| Acadia Healthcare Company, Inc. - Common Stock (ACHC)                         | F, S/C |                           |   |         |
| Akorn, Inc. - Common Stock (AKRX)   | F, S/C |                           |   |         |
| Bank of America Corporation Class A Warrant expiring January 16, 2019 (BAC.A) | F, S/C |                           |   |         |
| Boston Scientific Corporation Common Stock (BSX)                              | F, S/C |                           |   |         |
| CGI Group, Inc. Common Stock (GIB)  | F, S/C |                           |   |         |
| Cardiome Pharma Corporation - Ordinary Shares (Canada) (CRME)                 | F, S/C |                           |   |         |

|  |        |
|--|--------|
| Corning<br>Incorporated<br>Common<br>Stock (GLW)     | F, S/C |
| Freeport-McMoRan<br>, Inc. Common<br>Stock (FCX)     | F, S/C |
| General Motors<br>Company Common<br>Stock (GM)       | F, S/C |
| Ignyta, Inc. -<br>Common<br>Stock (RXDX)             | F, S/C |
| Intersect ENT,<br>Inc. - Common<br>Stock (XENT)      | F, S/C |
| Merck & Company,<br>Inc. Common<br>Stock (new) (MRK) | F, S/C |
| Model N, Inc.<br>Common<br>Stock (MODN)              | F, S/C |
| Mylan N.V. -<br>Common<br>Stock (MYL)                | F, S/C |

Pfizer, Inc. F, S/C  
Common  
Stock (PFE)

Starz - Series A F, S/C  
Common  
Stock (STRZA)

Teva F, S/C  
Pharmaceutical  
Industries  
Limited American  
Depository  
Shares (TEVA)

Wright Medical F, S/C  
Group N.V. -  
Ordinary  
Shares (WMGI)

Zogenix, Inc. - F, S/C  
Common  
Stock (ZGNX)

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.

**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, 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 |
|---------------|--------------------------------------|---------------|-------------------|------------------|
| Santander     | 601 Penn St., Reading, PA, 19601, US | home equity   | 2.49              | 2020             |

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                                   |
|--|---------|----------------------|----------------------|---------------|-------------------|------------------|--------------------|--|
| 10<br>Fariway<br>Dr,<br>Tewksbur<br>y, MA,<br>01876,<br>US | F, S/C  | \$100,001<br>or more | \$100,001<br>or more | 30            | 4.75              | 2041             | Santande<br>r Bank | 601 Penn<br>St,<br>Reading,<br>PA,<br>19601,<br>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.

| Original Amount    | Amount Owed        | Interest Rate(%) | Date Repayment Due | Loan Collateral | Creditor Name | Creditor Address                               |
|--------------------|--------------------|------------------|--------------------|-----------------|---------------|--|
| \$20,001 to 40,000 | \$20,001 to 40,000 | 0                | 08/14/2019         | Vehicle         | Toyota        | PO Box 5855,<br>Carol Stream,<br>IL, 60197, US |

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.

| Interest Rate(%) | Date RayPayment Due | Loan Collateral | Creditor Name       | Creditor Address                            |
|------------------|---------------------|-----------------|---------------------|---|
| 0                | 08/14/2019          | vehicle         | Toyota<br>Financial | PO Box 5855, Carol<br>Stream, IL, 60197, US |

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 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 2015 by any legislative agent or executive agent (lobbyist) or any person having a direct interest in legislation, legislative action, or a matter before a governmental body?

Filer reported none.

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 2015 by any person having a direct interest in legislation, legislative action, or any 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 2015 by any person having a direct interest in legislation, legislative action, or a matter before a governmental body, 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 legislation, legislative action, or a matter before a governmental body, 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, Debra M. Lambert, 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: 06/18/2016

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.