Statement of Financial Interests for 2020



CONTACT INFORMATION					
Last Name:	First Name and Middle initial:				
Demoura	Douglas W				
Work Phone Number:	Other Phone:				
(508) 660-8000 Ext : 100	Redacted				
Work Email:	Other Email:				
Douglas.Demoura@doc.state.ma.us					
Primary Residence Address:					
Redacted					
Contact mailling address					
Redacted					
You indicated that you did have a spouse residing in your household during 2020.					
You indicated that you had no dependent child(ren) residing in your household at any time during 2020.					

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 Correction (DOC)		Superintendent of Pondville Correctional Center	11/20/2013	\$60,001 to 100,000
Department of Correction (DOC)	50 Maple Street, Milford, MA, 01757, US	Superintendent	11/13/2013 - 05/14/2016	\$100,001 or more
Department of Correction (DOC)	965 Elm Street, Concord, MA, 01742, US	Superintendent	05/16/2016	\$100,001 or more
Department of Correction (DOC)	2405 Main Street, South Walpole, MA, 02071, US	Superintedent	11/05/2017	\$100,001 or more
Department of Correction (DOC)	50 Maple Street, Milford, MA, 01757, US	Superintendent	11/12/2018	\$100,001 or more
Department of Correction (DOC)	50 Maple Street, Milford, MA, 01757, US	Superintendent	11/12/2018	\$100,001 or more
Department of Correction (DOC)	2405 Main Street, South Walpole, MA, 02071, US	Superintendent	11/05/2017	\$100,001 or more

Other than t	the position(s) ide	entified in Quest	tion 2, identify ev	ery public position	you held, and	every public a	gency
to which you p	rovided services	, at any time dur	ing 2020, wheth	er compensated or	not, and whet	her full- or part	t-time.

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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 2020, whether compensated or not, and whether full- or part-time.

Public Agency	Public Agency Name	Address	Position	Consultant / Contractor?	Services Provided
State	Massachusetts Department of Correction	50 Maple Street, Milford, MA, 01757, US	Personnel Officer I	N/A	
State	Department of Correction	50 Maple Street, Milford, MA, 01757, US	Personnel Officer I	N/A	
State	Department of Correction	50 Maple Street, Milford, MA, 01757, US	Personnel Officer I	N/A	
State	DOC	50 Maple Street, Milford, MA, 01757, US	Personnel Officer I	N/A	
State	department of correction	50 Maple Street, Milford, MA, 01757, US	Personnel Officer I	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 2020, 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 2020, and provide its address.

Filer reported none.

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an em	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.					
Busin	ess Ownership and Transfers					
owned	ntify each Business of which you were, in whole or in part, an owner, partner, or proprietor, or in which you I more than 1% of any class of the outstanding stock or similar ownership interest, at any time during 2020, and e the required information for each.					
	Filer reported none.					
whole o	ntify each Business of which your spouse and/or any dependent child(ren) residing in your household was, in or in part, an owner, partner, or proprietor, or in which your spouse and/or any dependent child(ren) residing in ousehold owned more than 1% of any class of the outstanding stock or similar ownership interest, at any time 2020, and provide the required information for each.					
	Filer reported none.					
	entify any stock or similar ownership interest in a Business which you transferred to your spouse and/or any dent child(ren) residing in your household during 2020, and provide the required information for each.					
_						
	Filer reported none.					
Servic	ce as an Officer, Director, or Trustee					
	entify any Business in which you served as an officer, director, or trustee, at any time during 2020, whether ensated or not, and whether full- or part-time, and provide the required information for each.					
	Filer reported none.					

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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 2020, 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, 2020, 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

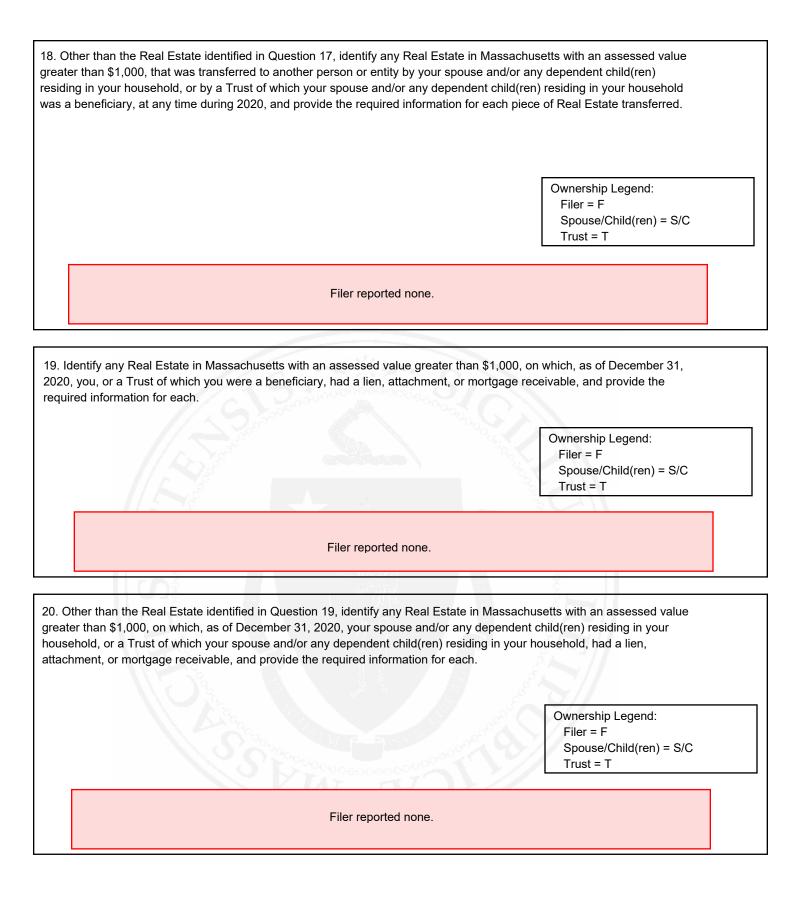
Trust = T

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

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and/o	ther than the Real Estate identified in Question 13, identify all Real Estate in Massachusetts which your spouse r any 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.	
	dentify any Trust of which you were a beneficiary, and which owned Real Estate in Massachusetts as of December 31, with an assessed value greater than \$1,000, and provide the required information for each such Trust and Real Estate ng.	
	Beneficiary Legend: Filer = F Spouse/Child(ren) = S/C Trust = T	
	Filer reported none.	
child(r 31, 20	ther than the Real Estate identified in Question 15, identify any Trust of which your spouse and/or any dependent ren) residing in your household was a beneficiary, and which owned Real Estate in Massachusetts as of December 020, with an assessed value greater than \$1,000, and provide the required information for each such Trust and Real e holding.	
	Filer reported none.	
perso	dentify any Real Estate in Massachusetts with an assessed value greater than \$1,000, that was transferred to another on or entity by you, or by a Trust of which you were a beneficiary, at any time during 2020, and provide the required mation 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, 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.

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24. Identify every bond or other security issued by the Commonweal agencies, and authorities, which was owned as of December 31, 203 dependent child(ren) residing in your household was a beneficiary, v fair market value as of that date greater than \$1,000, and provide the	20, by a Trust of which your spouse and/or any whether directly or through a Business, and which had a
Filer reported	none.
25. Identify every Financial Investment that you owned directly or the had a fair market value as of that date greater than \$1,000, and prove	-
5	Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T
Filer reported	I none.
26. Other than the Financial Investments identified in Question 25, is and/or any dependent child(ren) residing in your household owned of and which had a fair market value as of that date greater than \$1,00 Financial Investment not included on the drop-down list of publicly triplace of business or state of incorporation as well as its address.	irectly or through a Business as of December 31, 2020, D, and provide the required information for each. For any
Filer reported	none.
27. Identify every Financial Investment that was owned as of Decembeneficiary, and which had a fair market value as of that date greate each. For any Financial Investment not included on the drop-down lissuer's principal place of business or state of incorporation as well as	than \$1,000, and provide the required information for st of publicly traded stock, you must provide the
	Beneficiary Legend: Filer = F Spouse/Child(ren) = S/C Trust = T
Filer reported no	one.

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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.



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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 <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
US Bank Home Mortgage	4801 Frederica Street, Owensboro, KY, 42301, US	30 years	4.0	2040
Taunton Federal Credit Union	14 Church Green, Taunton, MA, 02780, US	10 years	5.99	2026
US Bank Home Mortgage		30 years	4.0	2040
Taunton Federal Credit Union		10 years	5.99	2026
US Bank Home Mortgage	4801 Frederica Street, Owensboro, KY, 42301, US	30	4.0	2040
Taunton Federal credit Union	14 Church Green, Taunton, MA, 02780, US	10	5.99	2026
US Bank Home Mortgage	4801 Frederica Street, Owensboro, MA, 42301, US	30	4.0	2040
Taunton Federal credit Union	14 Church Green, Taunton, MA, 02780, US	10	5.99	2026

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Primary where	you have a mortgage, including a home equity or reverse mortgage loan, on any property <u>OTHER</u> than your y Residence, on which more than \$1,000 was owed as of December 31, 2020, which you were obligated to pay and the creditor (person who loaned you the money) is <u>NOT</u> , by blood or marriage, your parent, grandparent, great arent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such?
_	Obligor Legend: Filer = F Spouse/Child(ren) = S/C Trust = T
	Filer reported none.
Reside 31, 202 where not, by	ntify all mortgages, including home equity and reverse mortgage loans, other than any mortgage on your Primary nce or any mortgage identified in response to Question 30, on which more than \$1,000 was owed as of December 20, 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 blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, prother, niece, nephew, or the spouse of any such relative, and provide the required information for each.
_	
	Filer reported none.
you ow great-g	ntify all non-mortgage debts of more than \$1,000 that you owed as of December 31, 2020, IF the person to whom red the debt is <u>not</u> , by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, randchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required ation for each.
	Filer reported none.
househ your ho great-g	ntify all non-mortgage debts of more than \$1,000 that your spouse and/or any dependent child(ren) residing in your hold owed as of December 31, 2020, if the person to whom your spouse and/or any dependent child(ren) residing in busehold owed the debt is not, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, randchild, 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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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.	
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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 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.	
Reimbursments, Gifts, and Honoraria	
36. Identify any Reimbursements for expenses in excess of \$100 provided to you at any time during 2020 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 2020 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.	

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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 2020 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 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.	
38. Identify any Gifts and/or Honoraria worth more than \$100 provided to you at any time during 2020 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.	
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 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.	

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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.

Blind Trusts

40. Did you, your spouse and/or any dependent child(ren) residing in your household during 2020, own anything that you have not reported on this Statement of Financial Interests because it was held in a Blind Trust during 2020?

Filer reported none.



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I, $Douglas \ W \ Demoura$, 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.

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