Statement of Financial Interests for 2016



CONTACT INFORMATION	
Last Name:	First Name and Middle initial:
Fahey	Elizabeth M.
Work Phone Number:	Other Phone:
(617) 788-8130	
Work Email:	Other Email:
elizabeth.fahey@jud.state.ma.us	
Primary Residence Address:	
Redacted	
Contact mailling address	
Redacted	
You indicated that you had no spouse living in your household at any time	during 2016.
You indicated that you had no dependent child(ren) residing in your house	hold at any time during 2016.
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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.

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
Superior Court, Administrative Office		Associate Justice	09/09/1999	\$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 2016, 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 2016, 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 2016, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Business Name	Self-employed	Address	Position	Income
Northeastern University	N/A	Huntington Ave, Boston, MA, 02215, US	Employee	\$5,001 to 10,000
Boston University	N/A	Commonwealth Ave, Boston, MA, 02215, US	Employee	\$5,001 to 10,000

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6. Identity any Business from which you were on a leave of absence at any time during 2016, 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 2016, 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 2016, 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 2016, 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 2016, and provide the required information for each.
Filer reported none.

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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 2016, 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 2016, 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, 2016, 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	Yes			\$100,001 or more

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and/or 2016,	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, and which had an assessed value greater than \$1,000, and provide the required information for each Real holding.
	Filer reported none.
Decer	lentify any Trust of which you were a beneficiary and which owned Real Estate in Massachusetts as of mber 31, 2016, with an assessed value greater than \$1,000, and provide the required information for each such and Real Estate holding.
	Beneficiary Legend: Filer = F Spouse/Child(ren) = S/C Trust = T
	Filer reported none.
depen of Dec	ther than the Real Estate identified in Question 15, identify any Trust of which your spouse and/or any ident child(ren) residing in your household was a beneficiary and which owned Real Estate in Massachusetts as cember 31, 2016, with an assessed value greater than \$1,000, and provide the required information for each Trust and Real Estate holding.
	Filer reported none.

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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 2016, and provide the required information for each Real Estate holding.

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

Name of Trust Real Estate Address		Owner	Transferee Name	Transferee Address	Assessed Value
	8 Eldredge St, Newton, MA, 02458, US	F	Kosiavelon et al, Nicholas	8 Eldredge St, Newton, MA, 02458, US	\$100,001 or more

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 2016, 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, 2016, 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.

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value in you	ther than the Real Estate identified in Question 19, identify any Real Estate in Massachus greater than \$1,000, on which, as of December 31, 2016, your spouse and/or any dependent rhousehold, or a Trust of which your spouse and/or any dependent child(ren) residing in ttachment, or mortgage receivable, and provide the required information for each.	dent child(ren) residing
		Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T
	Filer reported none.	
Quest family	: If the Filer answered "YES" to a Question in the following section, one or more columns ion may be blank in the following situations: If the Filer indicated that the name of the per member's name or address, the Filer was not required to provide that name. If the Filer family member's address, the Filer was not required to provide that address.	son and/or the trust was a
Finar	ncial Investments	
agend	entify every bond or other security issued by the Commonwealth of Massachusetts or its pies, and authorities, which you owned directly or through a Business, as of December 31, market value as of that date greater than \$1,000, and provide the required information for ment.	2016, and which had
	Filer reported none.	
		0//
the Co and/or 31, 20	her than the bonds or other securities identified in Question 21, identify every bond or oth ommonwealth of Massachusetts or its political subdivisions, agencies, and authorities, which any dependent child(ren) residing in your household owned directly or through a Busines 16, and which had a fair market value as of that date greater than \$1,000, and provide the such investment.	ich your spouse ss, as of December
	Filer reported none.	

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23. Identify every bond or other security issued by the Commonwealth of Massachusetts or i agencies, and authorities, which was owned as of December 31, 2016, by a Trust of which y whether directly or through a Business, and which had a fair market value as of that date greprovide the required information for each such investment.	ou were a beneficiary,
	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 i agencies, and authorities, which was owned as of December 31, 2016, by a Trust of which y dependent child(ren) residing in your household was a beneficiary, whether directly or through had a fair market value as of that date greater than \$1,000, and provide the required information investment.	our spouse and/or any gh a Business, and which
Filer reported none.	
25. Identify every Financial Investment that you owned directly or through a Business as of E which had a fair market value as of that date greater than \$1,000, and provide the required in	
Filer reported none.	Trust = T
The reported none.	
26. Other than the Financial Investments identified in Question 25, identify every Financial Ir spouse and/or any dependent child(ren) residing in your household owned directly or throug December 31, 2016, and which had a fair market value as of that date greater than \$1,000, a information for each. For any Financial Investment not included on the drop-down list of publimust provide the issuer's principal place of business or state of incorporation as well as its a	h a Business as of and provide the required licly traded stock, you
Filer reported none.	

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benefi inform	entify every Financial Investment that was owned as of December 31, 2016, by a Trust of which you were a iciary, and which had a fair market value as of that date greater than \$1,000, and provide the required nation for each. For any Financial Investment not included on the drop-down list of publicly traded stock, you 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.	
owned house require	ther than the Financial Investments identified in Question 27, identify every Financial Investment that was d as of December 31, 2016, by a Trust of which your spouse and/or any dependent child(ren) residing in your chold was a beneficiary, and which had a fair market value as of that date greater than \$1,000, and provide the red information for each. For any Financial Investment not included on the drop-down list of publicly traded you must provide the issuer's principal place of business or state of incorporation as well as its address.	
	Filer reported none.	
Quest 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 a family member's address, the Filer was not required to provide that address.	
Debts	s and Mortgages	
more NOT,	dentify all mortgages, including home equity and reverse mortgage loans, on your Primary Residence, on which than \$1,000 was owed as of December 31, 2016, where the creditor (person who loaned you the money) is by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great grandchild, aunt, sy sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for the spouse of any such relative.	
	Filer reported none.	

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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, 2016, 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
Cairway Or, Kennebun	F	\$100,001 or more	\$20,001 to 40,000	7 years	3.5	2017	Infinity Federal Credit Union	P.O. Box 9742, Portland , ME, 04104
04043, US								5060, US

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, 2016, 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, 2016, 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.

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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, 2016, 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 2016, 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 2016, 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 2016 by any legislative agent or executive agent (lobbyist).	
Filer reported none.	

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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 2016 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 2016 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 37, provided to your spouse and/or dependent child(ren) residing in your household at any time during 2016 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 2016 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 2016 by any person having a direct interest in legislation, legislative action, or a matter before a governmental body.
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.

Blind Trusts

40. Did you, your spouse and/or any dependent child(ren) residing in your household during 2016, own anything that you have not reported on this Statement of Financial Interests because it was held in a Blind Trust during 2016?

Filer reported none.



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I, Elizabeth M. Fahey, 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: 04/19/2017

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 2016 filling before submitting.

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