Statement of Financial Interests for 2021



CONTACT INFORMATION	
Last Name:	First Name and Middle initial:
Menard	Joanne M
Work Phone Number:	Other Phone:
(508) 429-0654	
Work Email:	Other Email:
menardj@holliston.k12.ma.us	
Primary Residence Address:	
Redacted	
Contact mailling address	
Redacted	
You indicated that you did have a spouse residing in your household durin	g 2021.
You indicated that you had no dependent child(ren) residing in your house	hold at any time during 2021.
	\$ P-11
Candidacy and Public Service	

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
Massachusetts Technology Collaborative	141 Mansion Drive #300, East Walpole, MA, 02032, US	TECCA Board of Trustees member	10/18/2022	N/A

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 2021, whether compensated or not, and whether full- or part-time.

Public Agency	Public Agency Name	Address	Position	Amount of Income	Consultant / Contractor?	Services Provided
Municipal	Town of Holliston -	370 Hollis Street,	Asst Superintende	\$100,001 or more	N/A	
	Holliston Public	Holliston, MA, 01746,	nt for Curriculum &			
	Schools	US	Intruction			

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 2021, 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 2021, 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 2021, and provide its address.

Filer reported none.

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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 2021, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Business Name	Self-employed	Address	Position
CAMMAX Corp	N/A	43 Emerald Street, Keene, NH, 03431, US	Manager
Keene Overhead Door Incorp	N/A	528 Washington Street, PO Box 1661, Keene, NH, 03431, US	Manager

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 2021, and provide the required information for each.

Business Name	Address	Percentage of stock	Income
CAMMAX Corp	43 Emerald Street, Keene, NH, 03431, US	50%	N/A
Keene Overhead Door Inc	528 Washington Street, PO Box 1661, Keene, NH, 03431, US	50%	N/A

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 2021, and provide the required information for each.

Business Name	Address
CAMMAX Corp	43 Emerald Street, Keene, NH, 03431, US
Keene Overhead Door Inc	528 Washington Street, PO Box 1661, Keene, NH, 03431, 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 2021, 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 2021, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Business Name	Address	Position	Income
CAMMAX Corp	43 Emerald Street, Keene, NH, 03431, US	Director	N/A
Keene Overhead Door Inc	528 Washington Street, PO Box 1661, Keene, NH, 03431, US	Director	N/A

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 2021, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Business Name	Address	Position
CAMMAX Corp	43 Emerald Street, Keene, NH, 03431, US	Officer
Keene Overhead Door Inc	528 Washington Street, PO Box 1661, Keene, NH, 03431, US	Officer

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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.

Real Estate

13. Identify all Real Estate in Massachusetts which you owned directly or through a Business as of December 31, 2021, 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

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, 2021, 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, 2021, 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.

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child(r 31, 20	ner than the Real Estate identified in Question 15, identify any Trust of which your spous en) residing in your household was a beneficiary, and which owned Real Estate in Massa 21, with an assessed value greater than \$1,000, and provide the required information for holding.	achusetts as of December
	Filer reported none.	
perso	entify any Real Estate in Massachusetts with an assessed value greater than \$1,000, than or entity by you, or by a Trust of which you were a beneficiary, at any time during 2021 nation for each Real Estate holding.	
		Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T
	Filer reported none.	
greate residin	ner than the Real Estate identified in Question 17, identify any Real Estate in Massachus than \$1,000, that was transferred to another person or entity by your spouse and/or any g in your household, or by a Trust of which your spouse and/or any dependent child(ren) beneficiary, at any time during 2021, and provide the required information for each piece	y dependent child(ren) residing in your household
		Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T
	Filer reported none.	

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19. Identify any Real Estate in Massachusetts with an assessed value greater than \$1,000, on which, as of December 31, 2021, 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

Real Estate Address	Owner	Assessed Value	Nature of Interest	Name of Trust
Redacted	F, S/C	\$100,001 or more	Mortgage Receivable	

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, 2021, 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.

<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.

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, 2021, 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.

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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, 2021, 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, 2021, 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, 2021, 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.

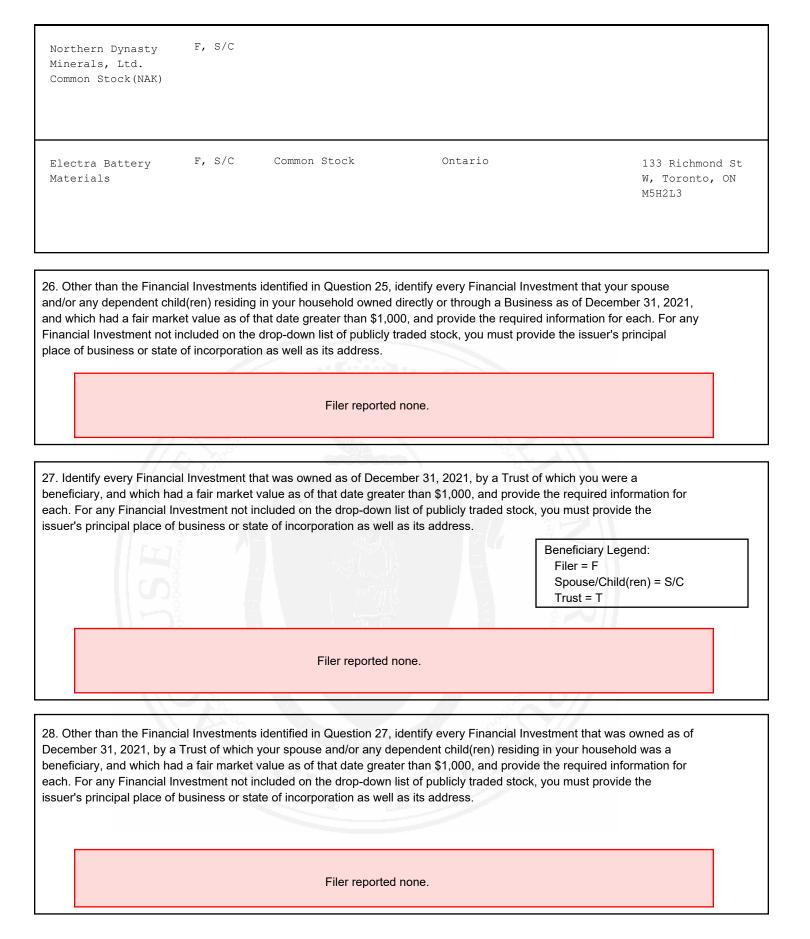
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25. Identify every Financial Investment that you owned directly or through a Business as of December 31, 2021, and which had a fair market value as of that date greater than \$1,000, and provide the required information for each.

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

			Trust – 1	
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			
Royal Dutch Shell PLC Royal Dutch Shell American Depositary Shares (Each representing two Class A Ordinary Shares) (RDS.A)	F, S/C	5.6		
Raytheon Company Common Stock(RTN)	F, S/C			
General Electric Company Common Stock(GE)	F, S/C			
First Energy	F, S/C	Common Stock	Ohio	76 South Main Street, Akron, OH, 44308, US
British Petroleum	F, S/C	Common Stock	Texas	501 Westlake Par Blvd., Houston, TX, 77079, US

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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, 2021, 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
Bank of America	275 Valencia, Brea, CA 92823, US	, 180	3.625	2035

30. Did you have a mortgage, including a home equity or reverse mortgage loan, on any property <u>OTHER</u> than your Primary Residence, on which more than \$1,000 was owed as of December 31, 2021, which you were obligated to pay and 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?

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

Filer reported none.

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, 2021, 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.

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32. Identify all non-mortgage debts of more than \$1,000 that you owed as of December 31, 2021, IF the person to whom you owed the debt 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.

Original Amount	Amount Owed	Interest Rate(%)	Date Repayment Due	Loan Collateral	Creditor Name	Creditor Address
\$100,0 01 or more	\$100,001 or more	4.65	10/31/2027	Business Assets	Savings Bank of Walpole	84 Marlboro Street, PO Box 744, Keene, NH, 03431, 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, 2021, if the person to whom your spouse and/or any dependent child(ren) residing in your household owed the debt 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.

Interest Rate(%)	Date RayPayment Due	Loan Collateral	Creditor Name	Creditor Address	
4.65	10/31/2027	Business Assets	Savings Bank of Walpole	84 Marlboro Street, PO Box 744, Keene,	
///				NH, 03431, US	

34. Identify non-mortgage debts of more than \$1,000 which you owed and which were forgiven at any time during 2021, 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 2021, 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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Reimbursments, Gitts, and Honoraria
36. Identify any Reimbursements for expenses in excess of \$100 provided to you at any time during 2021 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 2021 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.
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 2021 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 2021 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 2021 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.

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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 2021 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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Blind Trusts

40. Did you, your spouse and/or any dependent child(ren) residing in your household during 2021, own anything that you have not reported on this Statement of Financial Interests because it was held in a Blind Trust during 2021?

Filer reported none.



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I, Joanne M Menard, 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: 01/30/2023

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 2021 filling before submitting.

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