Statement of Financial Interests for 2024



| CONTACT INFORMATION | |
|--|--------------------------------|
| Last Name: | First Name and Middle initial: |
| Drew | John |
| Work Phone Number: | Other Phone: |
| (617) 287-6047 | |
| Work Email: | Other Email: |
| john.drew@umb.edu | |
| Primary Residence Address: | |
| Redacted | |
| Contact mailling address | |
| Redacted | |
| You indicated that you did have a spouse residing in your household durin | g 2024. |
| You indicated that you had no dependent child(ren) residing in your house | hold at any time during 2024. |
| C. Plant In IP C. Pro | 8 |
| Candidacy and Public Service | |
| 1. If you are a candidate for public office, please indicate the public office you | ı are seeking. |

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Filer reported none.

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 |
|---|--|--|------------|-------------------|
| University of Massachusetts Boston (UMASS) | 100 Morrissey Blvd, Boston, MA, 02125, US | Vice Chancellor for Enrollment Management | 08/09/2019 | \$100,001 or more |
| University of Massachusetts Boston (UMASS) | 100 Morrissey Blvd, Boston, MA, 02125, US | Vice Chancellor, Enrollment Management | 08/01/2019 | \$100,001 or more |
| University of Massachusetts Boston (UMASS) | 100 Morrissey Blvd, Boston, MA, 02125, US | Vice Chancellor of Enrollment Management | 08/01/2018 | \$100,001 or more |
| University of Massachusetts Boston (UMASS) | 100 Morrissey Blvd, Boston, MA, 02125, US | Vice Chancellor of Enrollment Management | 08/01/2019 | \$100,001 or more |
| University of Massachusetts Boston (UMASS) | 100 Morrissey Blvd, Boston, MA, 02125, US | Vice Chancellor of Enrollment Management | 08/01/2019 | \$100,001 or more |
| University of Massachusetts Boston (UMASS) | 100 Morrissey Blvd, Boston, MA, 02125, US | Vice Chancellor of Enrollment Management | 08/01/2019 | \$100,001 or more |
| University of Massachusetts Boston (UMASS) | 100 Morrissey Blvd, Boston, MA, 02125, US | Vice Chancellor of Enrollment Management | 08/01/2019 | \$100,001 or more |
| University of Massachusetts - President's Office (UMASS) | 100 Morrissey Blvd, Boston, MA, 02125, US | Vice Chancellor Enrollment Management | 08/09/2019 | \$100,001 or more |

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| s. Other than the position(s) identified in Question 2, identify every public position you held, and every public agency by which you provided services, at any time during 2024, whether compensated or not, and whether full- or part-time. | |
|---|--|
| Filer reported none. | |
| . Identify every public position your spouse and/or any dependent child(ren) residing in your household held, and very public agency to which your spouse and/or any dependent child(ren) residing in your household provided ervices, at any time during 2024, whether compensated or not, and whether full- or part-time. | |
| Filer reported none. | |
| rivate Employment and Leaves of Absence | |
| Identify every Business for which you worked as an employee, manager, consultant, or independent contractor at my time during 2024, whether compensated or not, and whether full- or part-time, and provide the required information or each. | |
| Filer reported none. | |
| Identify any Business from which you were on a leave of absence at any time during 2024, 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 2024, whether compensated or not, and whether full- or part-time, and provide the required information for each.

| Business Name | Self-employed | Address | Position |
|------------------------|---------------|---|----------|
| Sullivan Tire Co., Inc | N/A | 41 Accord Park Drive, Norwell, MA, 02061, US | Employee |
| Sulllivan Tire | N/A | 41 Accord Park Drive, Norwell, MA, 02161, US | Employee |
| Sullivan Tire | N/A | 41 Accord Park Drive, Norwell, MA, 02061, US | Employee |
| Sullivan Tire | n/A | 41 Accord Park Drive, Norwell, MA, 02061, US | |
| Sullivan Tire | N/A | 41 Accord Park Drive, Norwell, MA, 02061, US | Employee |
| Sullivan Tire Co., Inc | N/A | 41 Accord Park Drive, Norwell, MA, 02061, 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 2024, 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 2024, and provide the required information for each.

Filer reported none.

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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 2024, 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 2024, 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 2024, whether compensated or not, and whether full- or part-time, and provide the required information for each. | |
| 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.

Real Estate

13. Identify all Real Estate in Massachusetts which you owned directly or through a Business as of December 31, 2024, 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 | S/5 | | \$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 | | Z H | \$100,001 or more |
| 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, 2024, and which had an assessed value greater than \$1,000, and provide the required information for each Real Estate holding.

Filer reported none.

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15. Identify any Trust of which you were a beneficiary, and which owned Real Estate in Massachusetts as of December 31, 2024, 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 = TFiler 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, 2024, 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 2024, 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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| greate residii | other than the Real Estate identified in Question 17, identify any Real Estate in Massachu er than \$1,000, that was transferred to another person or entity by your spouse and/or arong in your household, or by a Trust of which your spouse and/or any dependent child(remark) a beneficiary, at any time during 2024, and provide the required information for each pieces. | ny dependent child(ren) n) residing in your household |
|-------------------|---|---|
| | | Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T |
| | Filer reported none. | |
| 2024 | dentify any Real Estate in Massachusetts with an assessed value greater than \$1,000, or , you, or a Trust of which you were a beneficiary, had a lien, attachment, or mortgage red ired information for each. | Ownership Legend: |
| | Filer reported none. | Filer = F Spouse/Child(ren) = S/C Trust = T |
| | | 8 11 |
| greate house | Other than the Real Estate identified in Question 19, identify any Real Estate in Massachuser than \$1,000, on which, as of December 31, 2024, your spouse and/or any dependent ehold, or a Trust of which your spouse and/or any dependent child(ren) residing in your hament, or mortgage receivable, and provide the required information for each. | child(ren) residing in your |
| | | 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, 2024, 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, 2024, 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, 2024, 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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| agenc depen | entify every bond or other security issued by the Commonwealth of Massachusetts or its ies, and authorities, which was owned as of December 31, 2024, by a Trust of which you dent child(ren) residing in your household was a beneficiary, whether directly or through arket value as of that date greater than \$1,000, and provide the required information for | our spouse and/or any n a Business, and which had a |
|----------------------------|---|--|
| | Filer reported none. | |
| | entify every Financial Investment that you owned directly or through a Business as of Defair market value as of that date greater than \$1,000, and provide the required informati | |
| | 5 | Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T |
| | Filer reported none. | |
| and/or and wi Financ | her than the Financial Investments identified in Question 25, identify every Financial Investment any dependent child(ren) residing in your household owned directly or through a Busin hich had a fair market value as of that date greater than \$1,000, and provide the require cial Investment not included on the drop-down list of publicly traded stock, you must proof business or state of incorporation as well as its address. | ess as of December 31, 2024, ed information for each. For any |
| | Filer reported none. | |
| | | 2 ~ // |
| benefi each. | entify every Financial Investment that was owned as of December 31, 2024, by a Trust of ciary, and which had a fair market value as of that date greater than \$1,000, and provid For any Financial Investment not included on the drop-down list of publicly traded stock is principal place of business or state of incorporation as well as its address. | e the required information for , you must provide the |
| | | Beneficiary Legend: Filer = F Spouse/Child(ren) = S/C Trust = T |
| | Filer reported none. | |
| | | |

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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, 2024, 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, 2024, 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 |
|----------------|---|---------------|-------------------|------------------|
| Wells Fargo | P.O. Box 105647, Atlanta, GA, 30348, US | 30 | 3.75 | 2043 |
| Wells Fargo | P.O. Box 105647, Atlanta, GA, 30348, US | 30 | 3.75 | 2044 |
| Mr. Cooper | 1010 W. Mockingbird, Dallas, TX, 75247, US | 30 | 2.625 | 2051 |
| Mr. Cooper | 1010 W. Mockingbird, Dallas, TX, 75247, US | 30 | 2.65 | 2051 |
| Mr. Cooper | 1010 W. Mockingbird, Dallas, MA, 75247, US | 30 | 2.625 | 2051 |
| Valon Mortgage | , | 30 | 2.625 | 2051 |

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| 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, 2024, 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. | |
| Residence 31, 2024 where the not, by bl | ify all mortgages, including home equity and reverse mortgage loans, other than any mortgage on your Primary see or any mortgage identified in response to Question 30, on which more than \$1,000 was owed as of December and which your spouse and/or any dependent child(ren) residing in your household were obligated to pay and excreditor (person who loaned the money to your spouse and/or dependent child(ren) residing in your household) is good or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, other, niece, nephew, or the spouse of any such relative, and provide the required information for each. Filer reported none. | |
| you owed great-gra | ify all non-mortgage debts of more than \$1,000 that you owed as of December 31, 2024, IF the person to whom the debt is not, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, ndchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required on for each. | |
| | Filer reported none. | |
| househol your hous great-gra | ify all non-mortgage debts of more than \$1,000 that your spouse and/or any dependent child(ren) residing in your dowed as of December 31, 2024, if the person to whom your spouse and/or any dependent child(ren) residing in sechold owed the debt is not, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, ndchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required on 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 2024, 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 2024, 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 2024 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 2024 from any person having a direct interest in legislation, legislative action, or a matter before a governmental body. 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 2024 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 2024 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 2024 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 2024 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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<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 2024, own anything that you have not reported on this Statement of Financial Interests because it was held in a Blind Trust during 2024?

Filer reported none.



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I, John Drew, 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: 01/27/2025

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 2024 filling before submitting.

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