

Statement of Financial Interests for 2017



CONTACT INFORMATION

Last Name:

Hecht

First Name and Middle initial:

Jonathan

Work Phone Number:

(617) 722-2140

Other Phone:

Work Email:

Jonathan.Hecht@mahouse.gov

Other Email:

Primary Residence Address:

Redacted

Contact mailing address

Redacted

You indicated that you did have a spouse residing in your household during 2017.

You indicated that you did have dependent child(ren) residing in your household during 2017.

Candidacy and Public Service

1. If you are a candidate for public office, please indicate the public office you are seeking.

Office

Representative in General Court

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 House of Representatives	State House, Boston, MA, 02133, US	State Representative	01/07/2009	\$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 2017, 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 2017, 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 2017, 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 2017, 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 2017, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Business Name	Self-employed	Address	Position
Boston University School of Public Health	N/A	715 Albany Street, Boston, MA, 02118, US	Employee
Wesleyan University	N/A	212 College Street, Middletown, CT, 06459, 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 2017, 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 2017, 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 2017, 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 2017, 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 2017, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Business Name

Address

Position

Watertown Community
Foundation

PO Box 334, Watertown, MA, 02471,
US

Director

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, 2017, 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, 2017, 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, 2017, 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

Name of Trust	Real Estate Address	Beneficiary	Transferred?	Transferor Name	Transferor Address	Assessed Value
Sandy Knoll Nominee Realty Trust	4 Lighthouse Road, Aquinnah, MA, 02535, US	F	No			\$100,001 or more
Sandy Acres Nominee Trust	Lot 3, Lighthouse Road, Aquinnah, MA, 02535, US	F, S/C	No			\$100,001 or more

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, 2017, 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 2017, 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 2017, 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, 2017, 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, 2017, 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, 2017, 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, 2017, 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, 2017, 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, 2017, 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, 2017, 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
Berkshire Hathaway Inc. Common Stock (BRK.A)	F			
Fidelity Asset Manager 50% (FASMX)	F			
Fidelity Contra Fund (FCNTX)	F, S/C			
Fidelity Magellan (FMAGX)	F, S/C			
Ironwood Pharmaceuticals, Inc. - Class A Common Stock (IRWD)	F			
Texas Instruments Incorporated - Common Stock (TXN)	F, S/C			

CREF Stock
Account -
R2 (QCSTPX)

F

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, 2017, 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.

Name of Issuer

Description of Investment

**Principal Place of Business or
State of Incorporation**

Address

Berkshire Hathaway
Inc. Common
Stock (BRK.A)

CREF Stock Account
- R3 (QCSTIX)

Fidelity Growth
Strategies
Fund (FDEGX)

Fidelity
Magellan (FMAGX)

27. Identify every Financial Investment that was owned as of December 31, 2017, 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

Name of Issuer	Beneficiary	Description of Investment	Principal Place of Business or State of Incorporation	Issuer Address	Name of Trust
Acceleron Pharma Inc. - Common Stock (XLRN)	F				Malcolm Hecht Jr Trust B
Berkshire Hathaway Inc. Common Stock (BRK.A)	F				Malcolm Hecht Jr Trust B
Celgene Corporation - Common Stock (CELG)	F				Malcolm Hecht Jr Trust B
Clovis Oncology, Inc. - Common Stock (CLVS)	F				Malcolm Hecht Jr Trust B
Earlysense Ltd	F	Preferred Stock	Israel	12 Tzvi St, Ramat Gan 5250429 Israel	Malcolm Hecht Jr Trust B
EnteroMedics Inc. - Common Stock (ETRM)	F				Malcolm Hecht Jr Trust B

Ironwood Pharmaceuticals, Inc. - Class A Common Stock (IRWD)	F				Malcolm Hecht Jr Trust B
LogMein, Inc. - Common Stock (LOGM)	F				Malcolm Hecht Jr Trust B
Lycos Inc.	F	Common Stock	Massachusetts	52 Second Ave, Waltham, MA, 02451, US	Malcolm Hecht Jr Trust B
Momenta Pharmaceuticals, Inc. - Common Stock (MNTA)	F				Malcolm Hecht Jr Trust B
Nektar Therapeutics - Common Stock (NKTR)	F				Malcolm Hecht Jr Trust B
Posit Science Corp.	F	Common Stock	California	77 Geary St, Suite 303, San Francisco, CA, 94108, US	Malcolm Hecht Jr Trust B
Posit Science Corp.	F	Preferred Stock	California	77 Geary St, Suite 303, San Francisco, CA, 94108, US	Malcolm Hecht Jr Trust B

TESARO, Inc. - Common Stock (TSRO)	F				Malcolm Hecht Jr Trust B
Aberdare Ventures	F	Limited Partnership Interest	California	235 Montgomery St, #1230, San Francisco, CA, 94104, US	Malcolm Hecht Jr Trust B
New Enterprise Associates	F	Limited Partnership Interest	California	2855 Sand Hill Rd, Menlo Park, CA, 94025, US	Malcolm Hecht Jr Trust B
North Bridge	F	Limited Partnership Interest	Massachusetts	950 Winter St, #4600, Waltham, MA, 02451, US	Malcolm Hecht Jr Trust B
Polaris Partners	F	Limited Partnership Interest	Massachusetts	One Marina Park Drive, Boston, MA, 02210, US	Malcolm Hecht Jr Trust B
Venrock	F	Limited Partnership Interest	California	3340 Hillview Ave, Palo Alto, CA, 94304, US	Malcolm Hecht Jr Trust B
Aberdeen Asset Management	F	Limited Partnership Interest	Connecticut	1266 East Main St, Stamford, CT, 06902, US	Malcolm Hecht Jr Trust B

Bain Capital	F	Limited Partnership Interest	Massachusetts	200 Clarendon St, Boston, MA, 02116, US	Malcolm Hecht Jr Trust B
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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, 2017, 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.

Name of Issuer	Description of Investment	Principal Place of Business or State of Incorporation	Issuer Address	Name of Trust
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Berkshire Hathaway Inc. Common Stock (BRK.A)				
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Berkshire Hathaway Inc. New Common Stock (BRK.B)				
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Ironwood Pharmaceuticals, Inc. - Class A Common Stock (IRWD)				
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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.

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, 2017, 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
Chase	PO BOX 9001871, Louisville, KY, 40290, US	30 years	4.125	2044

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, 2017, 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

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, 2017, 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, 2017, 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.

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, 2017, 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 2017, 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 2017, 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 2017 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 2017 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 2017 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 2017 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 2017 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 2017 by any person having a direct interest in legislation, legislative action, or a matter before a governmental body.

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 2017, own anything that you have not reported on this Statement of Financial Interests because it was held in a Blind Trust during 2017?

Filer reported none.

CERTIFICATION

I, Jonathan Hecht, 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: 04/22/2018

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 2017 filing before submitting.