

Statement of Financial Interests for 2019



CONTACT INFORMATION

Last Name:

First Name and Middle initial:

Shields

Joseph M

Work Phone Number:

Other Phone:

(617) 521-7407

Work Email:

Other Email:

joseph.shields@mass.gov

Redacted

Primary Residence Address:

Redacted

Contact mailing address

Redacted

You indicated that you did have a spouse residing in your household during 2019.

You indicated that you had no dependent child(ren) residing in your household at any time during 2019.

Candidacy and Public Service

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

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
Division of Insurance (DOI)		Member, Board of Appeals	07/25/2011	\$60,001 to 100,000
Division of Insurance (DOI)		Member, Board of Appeals	07/25/2011	\$60,001 to 100,000
Division of Insurance (DOI)	1000 Washington Street, Boston, MA, 02118, US	Member, Board of Appeal	07/25/2011	\$60,001 to 100,000
Division of Insurance (DOI)	1000 Washington Street, Boston, MA, 02118 6200, US	Member, Board of Appeal	07/25/2011	\$60,001 to 100,000
Division of Insurance (DOI)	1000 Washington Street, Boston, MA, 02118, US	Member, Board of Appeal	07/25/2011	\$60,001 to 100,000
Division of Insurance (DOI)	1000 Washington Street, Boston, MA, 02118 6200, US	Member, Board of Appeal	07/25/2011	\$60,001 to 100,000
Division of Insurance (DOI)	1000 Washington Street, Boston, MA, 02118 6200, US	Board Member	07/25/2011	\$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 2019, 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 2019, 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 2019, 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 2019, 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 2019, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Business Name	Self-employed	Address	Position
Newton Wellesley Hospital	N/A	Washington Street, Newton, MA, 02462, US	Employee
Newton Wellesley Hospital	N/A	Washington Street, Newton, MA, 02462, US	Employee
Newton Wellesly Hospital	N/A	Washington Street, Newton, MA, 02462, US	Employee
Newton Wellesly Hospital	N/A	Washington Street, Newton, MA, 02462, US	Employee
Newton Weaselly Hospital	N/A	Washington Street, Newton, MA, 02462, US	Employee
Newton Wellesley Hospital	N/A	Washington Street, Newton, MA, 02462, 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 2019, and provide the required information for each.

Business Name	Address	Percentage of stock	Income
Law office of Joseph M. Shields	176 School Street, Framingham, MA, 01701, US	100%	Less than \$1,001
Law Office of Joseph M. Shields	176 School Street, Framingham, MA, 01701, US	100%	
Law office of Joseph M. Shields	176 School Street, Framingham, MA, 01701, US	100%	Less than \$1,001
Law Office of Joseph M. Shields	176 School Street, Framingham, MA, 01701, US	100%	

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 2019, 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 2019, 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 2019, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Business Name	Address	Position	Income
Marian High school	Union Avenue, Framingham, MA, 01702, US	Trustee	N/A
Marian High school	Union Avenue, Framingham, MA, 01702, US	Trustee	N/A
Marian High School	Union Avenue, Framingham, MA, 01702, US	Trustee	N/A
Framingham CYO	176 School Street, Framingham, MA, 01701, US	Officer	N/A
Marian High School	Union Avenue, Framingham, MA, 01702, US	Trustee	N/A
Framingham CYO	176 School Street, Framingham, MA, 01701, US	Director	N/A
Marian High School	Union Avenue, Framingham, MA, 01702, US	Trustee	N/A
Framingham CYO	176 School Street, Framingham, MA, 01701, US	Officer	N/A
Framingham CYO	176 School Street, Framingham, MA, 01701, 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 2019, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Business Name	Address	Position
Mary Ann Morse Health Care Corp	747 Water Street, Framingham, MA, 01701, US	Trustee
Mary Ann Morse Health Care Corp.	747 Water Street, Framingham, MA, 01701, US	Trustee
Mary Ann Morse Health Care Corp	747 Water Street, Framingham, MA, 01701, US	Trustee
Mary Ann Morse Health Care Corp.	747 Water Street, Framingham, MA, 01701, 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, 2019, 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

Filer reported none.

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, 2019, 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, 2019, 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
Redacted	Redacted	F, S/C	No			\$100,001 or more
Redacted	Redacted	F, S/C	No			\$100,001 or more
Redacted	Redacted	F, S/C	No			\$100,001 or more
Redacted	Redacted	F, S/C	No			\$100,001 or more
Redacted	Redacted	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, 2019, 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 2019, 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 2019, 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, 2019, 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, 2019, 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, 2019, 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, 2019, 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, 2019, 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, 2019, 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, 2019, 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

Filer reported none.

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, 2019, 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.



27. Identify every Financial Investment that was owned as of December 31, 2019, 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

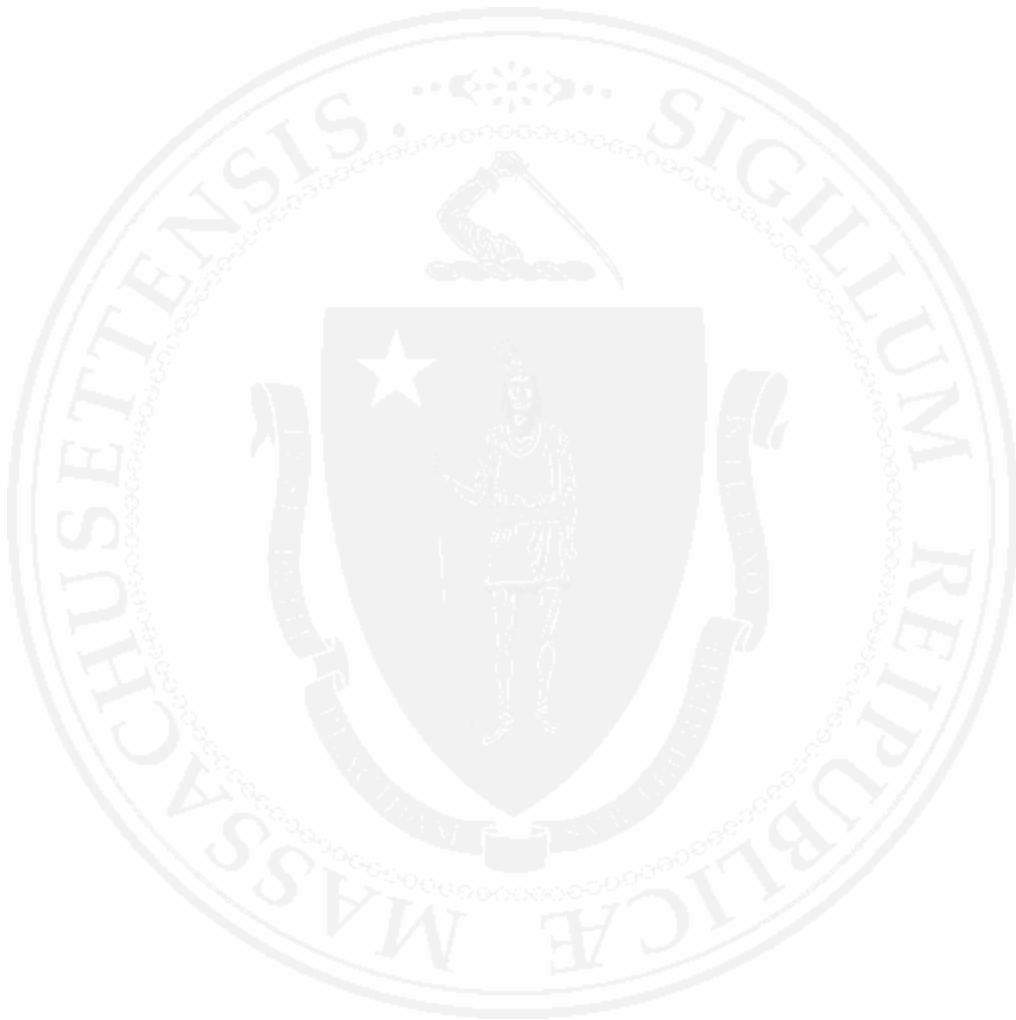
Name of Issuer	Beneficiary	Description of Investment	Principal Place of Business or State of Incorporation	Issuer Address	Name of Trust
MFS Lifetime 2030 Fund Class B (MLTBX)	F				
MFS Lifetime 2030 Fund Class A (MLTAX)	F				
Putnam Capital Spectrum Fund Y Share (PVSIX)	F				
SPDR S&P 500 Value ETF (based on S&P 500 Value Index--symbol: SVX) (SPYV)	F				
Ivy Municipal High Income Class I (WYMHX)	F				
MFS International Diversification Fund Class I (MDIJX)	F				

MFS International Value Fund Class I (MINIX)	F
Vanguard High Dividend Yield Index Fd Investor Shs (VHDYX)	F
Voya Global Real Estate Fund Class W (IRGWX)	F
JPMorgan Mid-Cap Equity Fund Select Class (VSNEX)	F
Oppenheimer International Small Company Fund Class Y (OSMYX)	F
Copeland Risk Managed Dividend Growth Fund Class C (CDCRX)	F
Vanguard Health Care ETF - DNQ (VHT)	F

Nicholas Fd(NICSX)	F	Joseph M. Shields Living Trust
Fidelity Advisor Real Estate Fund: Class I (FHEIX)	F	Joseph M. Shields Living Trust
Deutsche Global Infrastructure Fund Class S (TOLSX)	F	Joseph M. Shields Life Trust
Vanguard Health Care Fund Admiral Shares (VGHAX)	F	Joseph M. Shields life trust
Vanguard High Dividend Yield ETF - DNQ (VYM)	F	Joseph M. Shields life trust
Fidelity Money Market Fund (SPRXX)	F, S/C	
Nicholas Fd(NICSX)	F, S/C	Joseph M. Shields Life Trust

MFS Lifetime 2030 F
Fund Class
I (MLTIX)

Joseph M.
Shields Life
Trust



28. Other than the Financial Investments identified in Question 27, identify every Financial Investment that was owned as of December 31, 2019, 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
	Columbia Dividend Opportunity Fd Cl R4 (CDORX)			
	Goldman Sachs Strategic Income Fund Insti Shares (GSZIX)			
	Voya Real Estate Fund Class W (IREWX)			
	Wells Fargo Adv Fd, Small/Mid Cap Value Class A (WFVAX)			
	Deutsche Global Infrastructure Fund Class S (TOLSX)			
	SPDR S&P 500 (SPY)			

Nicholas Fd(NICSX)

Ivy Municipal High
Income Class
I (WYMHX)

Fidelity Advisor
Real Estate Fund
Class C (FHECX)

Wells Fargo &
Company Common
Stock (WFC)

Vanguard Health
Care Fund Admiral
Shares (VGHAX)

MFS International
Value Fund Class
I (MINIX)

SPDR S&P 500 Value
ETF (based on S&P
500 Value Index-
-symbol: SVX) (SPYV)

Joseph M.
Shields
Life Trust

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, 2019, 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
U.S. BANK HOME MORTGAGE		30 YEAR	4.375	2041
U. S. Bank Home Mortgage		30 year	4.375	2041
U. S. Bank Mortgage		30 year	4.375	2041
United States Home Mortgage		30 years	4.375	2041
U. S. Bank Home Mortgage		30 years	4.375	2041

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, 2019, 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, 2019, 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, 2019, 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, 2019, 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 2019, 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 2019, 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 2019 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 2019 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 2019 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 2019 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 2019 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 2019 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.

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 2019, own anything that you have not reported on this Statement of Financial Interests because it was held in a Blind Trust during 2019?

Filer reported none.

CERTIFICATION

I, Joseph M Shields, 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: 05/22/2020

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 2019 filing before submitting.