# **Statement of Financial Interests for 2021**



CONTACT INFORMATION					
Last Name:	First Name and Middle initial:				
Dion	Laura				
Work Phone Number:	Other Phone:				
(413) 568-6451 Ext : 2035	Redacted				
Work Email:	Other Email:				
laura.pereira@jud.state.ma.us					
Primary Residence Address:					
Redacted					
Contact mailling address					
Redacted					
You indicated that you did have a spouse residing in your household during 2021.					
You indicated that you did have dependent child(ren) residing in your household during 2021.					
	81-11				

## **Candidacy and Public Service**

1. 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
Office of the Commissioner of Probation	224 Elm Street, Westfield, MA, 01085, US	Chief Probation Officer	11/07/2016	\$60,001 to 100,000
Westfield District Court	224 Elm Street, Westfield, MA, 01085, US	Chief Probation Officer	11/07/2016	\$60,001 to 100,000
Office of the Commissioner of Probation	224 Elm Street, Westfield, MA, 01085, US	Chief Probation Officer	11/07/2016	\$100,001 or more
Office of the Commissioner of Probation	224 Elm Street, Westfield, MA, 01085, US	Chief Probation Officer	11/07/2016	\$100,001 or more
Office of the Commissioner of Probation	224 Elm Street, Westfield, MA, 01085, US	Chief Probation Officer	11/07/2016	\$100,001 or more
Office of the Commissioner of Probation	224 Elm Street, Westfield, MA, 01085, US	Chief Probation Officer	11/07/2016	\$100,001 or more
Office of the Commissioner of Probation	224 Elm Street, Westfield, MA, 01085, US	Chief Probation Officer	11/07/2016	\$100,001 or more

3.	. Other than	the position(s)	identified in	Question 2, ic	dentify every	y public position	you held, a	and every pub	lic agency
to	which you	provided servic	es, at any tir	ne during 202	1, whether o	compensated or	not, and w	hether full- or	part-time.

Filer reported none.

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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.	
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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
Office of the Commissioner of Probation	N/A	235 Sykes Street, Palmer, MA, 01069, US	Employee
Office of the Commissioner of Probation	N/A	235 Sykes Street, Palmer, MA, 01069, US	Employee
Office of the Commissioner of Probation	N/A	235 Sykes Street, Palmer, MA, 01069, US	Employee
Office of the Commissioner of Probation	N/A	235 Sykes Street, Palmer, MA, 01069, US	Employee
Office of the Commissioner of Probation	N/A	235 Sykes Street , Palmer, MA, 01069, US	Employee
Office of the Commissioner of Probation	N/A	235 Sykes Street, Palmer, MA, 01069, US	Employee
Office of the Commissioner of Probation	n/A	235 Sykes Street, Palmer, MA, 01069, 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 2021, and provide the required information for each.

Filer reported none.

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whole your h	ntify each Business of which your spouse and/or any dependent child(ren) residing in your household was, in or in part, an owner, partner, or proprietor, or in which your spouse and/or any dependent child(ren) residing in lousehold owned more than 1% of any class of the outstanding stock or similar ownership interest, at any time 2021, and provide the required information for each.	
	Filer reported none.	
	entify any stock or similar ownership interest in a Business which you transferred to your spouse and/or any ident child(ren) residing in your household during 2021, and provide the required information for each.	
	Filer reported none.	
Servi	ce as an Officer, Director, or Trustee	
	entify any Business in which you served as an officer, director, or trustee, at any time during 2021, whether ensated or not, and whether full- or part-time, and provide the required information for each.	
	Filer reported none.	
an offi	entify any Business in which your spouse and/or any dependent child(ren) residing in your household served as icer, director, or trustee, at any time during 2021, whether compensated or not, and whether full- or part-time, and e the required information for each.  Filer reported none.	
	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.

#### **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	100000 S		\$100,001 or more
15-17 Belvidere Avenue, Holyoke, MA, 01040, US	F, S/C	No			\$100,001 or more
Redacted	F, S/C	No			\$100,001 or more
17 Belvidere Avenue, Holyoke, MA, 01040, US	F, S/C	No			\$100,001 or more
Redacted	F, S/C	No			\$100,001 or more
15-17 Belvidere Avenue, Holyoke, MA, 01040, US	F, S/C	No	H/O/I		\$100,001 or more
Redacted	F, S/C	No			\$100,001 or more
15-17 Belvidere Avenue, Holyoke, MA, 01040, US	F, S/C	No			\$100,001 or more

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and/o	ther than the Real Estate identified in Question 13, identify all Real Estate in Massachusetts which your spouse r any dependent child(ren) residing in your household owned directly or through a Business as of December 31, 2021, which had an assessed value greater than \$1,000, and provide the required information for each Real Estate holding.	
	Filer reported none.	
	dentify any Trust of which you were a beneficiary, and which owned Real Estate in Massachusetts as of December 31, with an assessed value greater than \$1,000, and provide the required information for each such Trust and Real Estate ng.	
	Beneficiary Legend: Filer = F Spouse/Child(ren) = S/C Trust = T	
	Filer reported none.	
child(r 31, 20	ther than the Real Estate identified in Question 15, identify any Trust of which your spouse and/or any dependent ren) residing in your household was a beneficiary, and which owned Real Estate in Massachusetts as of December 021, with an assessed value greater than \$1,000, and provide the required information for each such Trust and Real e holding.	
	Filer reported none.	
perso	dentify any Real Estate in Massachusetts with an assessed value greater than \$1,000, that was transferred to another on or entity by you, or by a Trust of which you were a beneficiary, at any time during 2021, and provide the required mation for each Real Estate holding.	
	Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T	
	Filer reported none.	

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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 2021, 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, 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
15-17 Belvidere Avenue, Holyoke, MA, 01040, US	F, S/C	\$100,001 or more	Mortgage Receivable
Redacted	F, S/C	\$100,001 or more	Mortgage Receivable
15-17 Belvidere Avenue, Holyoke, MA, 01040, US	F, S/C	\$100,001 or more	Mortgage Receivable

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greate house	ther than the Real Estate identified in Question 19, identify any Real Estate in Massachus er than \$1,000, on which, as of December 31, 2021, your spouse and/or any dependent clabold, or a Trust of which your spouse and/or any dependent child(ren) residing in your house the mortgage receivable, and provide the required information for each.	nild(ren) residing in your
		Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T
	Filer reported none.	
Quest family	: If the Filer answered "YES" to a Question in the following section, one or more columns ion may be blank in the following situations: If the Filer indicated that the name of the per member's name or address, the Filer was not required to provide that name. If the Filer family member's address, the Filer was not required to provide that address.	son and/or the trust was a
Finai	ncial Investments	
agend	entify every bond or other security issued by the Commonwealth of Massachusetts or its pies, and authorities, which you owned directly or through a Business, as of December 31, it value as of that date greater than \$1,000, and provide the required information for each	2021, and which had a fair
	Filer reported none.	
		0//
Comn deper	her than the bonds or other securities identified in Question 21, identify every bond or oth nonwealth of Massachusetts or its political subdivisions, agencies, and authorities, which y dent child(ren) residing in your household owned directly or through a Business, as of De fair market value as of that date greater than \$1,000, and provide the required information	your spouse and/or any cember 31, 2021, and which
	Filer reported none.	

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agenc	entify every bond or other security issued by the Commonwealth of Massachusetts or its poies, and authorities, which was owned as of December 31, 2021, by a Trust of which you by or through a Business, and which had a fair market value as of that date greater than \$1 and information for each such investment.	were a beneficiary, whether
		Beneficiary Legend: Filer = F Spouse/Child(ren) = S/C Trust = T
	Filer reported none.	
agenc depen	entify every bond or other security issued by the Commonwealth of Massachusetts or its p cies, and authorities, which was owned as of December 31, 2021, by a Trust of which your ndent child(ren) residing in your household was a beneficiary, whether directly or through a arket value as of that date greater than \$1,000, and provide the required information for ea	spouse and/or any Business, and which had a
	Filer reported none.	
	entify every Financial Investment that you owned directly or through a Business as of Deci fair market value as of that date greater than \$1,000, and provide the required information	
		ž II
		Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T
	Filer reported none.	
and/or and wi Financ	ther than the Financial Investments identified in Question 25, identify every Financial Invest rany dependent child(ren) residing in your household owned directly or through a Busines which had a fair market value as of that date greater than \$1,000, and provide the required cial Investment not included on the drop-down list of publicly traded stock, you must provide the business or state of incorporation as well as its address.	ss as of December 31, 2021, information for each. For any
	Filer reported none.	

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27. Identify every Financial Investment that was owned as of December 31, 2021, 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

Filer reported none.

28. Other than the Financial Investments identified in Question 27, identify every Financial Investment that 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, 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.

<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.

## **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 <a href="not,">not</a>, 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
Luso Federal Credit Union	East Street, Ludlow, MA, 01056, US	30	3.5	2045

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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, 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

Real Estate Address	Obligor	Original Amount	Outstanding Amount	Mortgage Term	Interest Rate (%)	Termination Year	Creditor Name	Creditor Address
15-17 Belvidere Avenue, Holyoke, MA,	F, S/C	\$100,001 or more	\$100,001 or more	20	4.75	2035	Luso Federal Credit Union	East Street, Ludlow, MA, 01056, US
01040, US								

31. Identify all mortgages, including home equity and reverse mortgage loans, other than any mortgage on your Primary Residence or any mortgage identified in response to Question 30, on which more than \$1,000 was owed as of December 31, 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.

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.

Filer reported none.

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33. Identify all non-mortgage debts of more than \$1,000 that your spouse and/or any dependent child(ren) residing in your household owed as of December 31, 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.
Filer reported none.
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.
Reimbursments, Gifts, 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.

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36.a Identify any Reimbursements for expenses in excess of \$100, other than those identified in response to Question 36, you received at any time during 2021 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 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 37, 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 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 2021 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 2021 by any person having a direct interest in legislation, legislative action, or a matter before a governmental body.
Filer reported none.

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NOTE: If the Filer answered "YES" to a Question in the following section, one or more columns in the Table for that Question may be blank in the following situations: If the Filer indicated that the name of the person and/or the trust was a family member's name or address, the Filer was not required to provide that name. If the Filer indicated that an address was a family member's address, the Filer was not required to provide that address.

### **Blind Trusts**

40. Did you, your spouse and/or any dependent child(ren) residing in your household during 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, Laura Dion, 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: 02/01/2022

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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