Statement of Financial Interests for 2016



CONTACT INFORMATION		
Last Name:	First Name and Middle initial:	
Fuller	Mark D	
Work Phone Number:	Other Phone:	
(617) 222-1621	Redacted	
Work Email:	Other Email:	
mfuller@mbta.com		
Primary Residence Address:		
Redacted		
Contact mailling address		
Redacted		
You indicated that you had no spouse living in your household at any time during 2016.		
You indicated that you had no dependent child(ren) residing in your household at any time during 2016.		

Candidacy and Public Service

1. You have indicated that you are a candidate for public office. Select the office for which you are a candidate.

Filer reported none.

Original Page 1 of 16

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
MassDOT/MBTA	10 Park Plaza, Room 3910, Boston, MA, 02116, US	Chief of Staff	01/05/2015	\$100,001 or more

agenc	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 2016, 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 2016, 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 2016, 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 2016, and provide its address.

Filer reported none.

Original Page 2 of 16

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 2016, whether compensated or not, and whether full- or part-time, and provide the required information for each.			
Filer reported none.			
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 2016, 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 2016, 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 2016, 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 2016, whether compensated or not, and whether full- or part-time, and provide the required information for each.			
Filer reported none.			

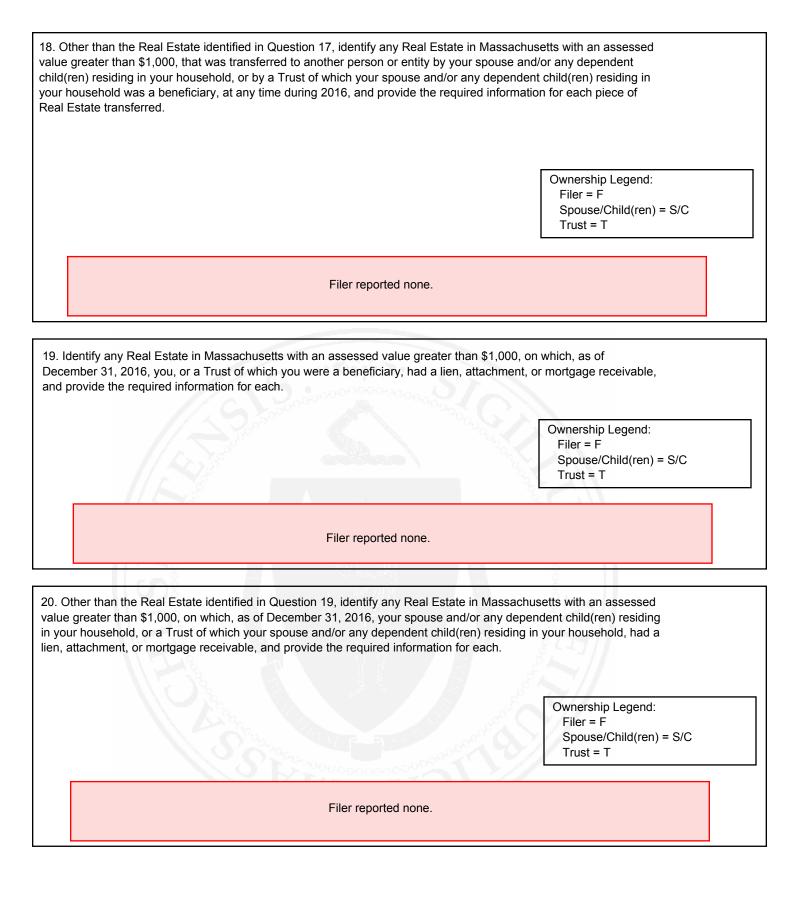
Original Page 3 of 16

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 2016, whether compensated or not, and whether full- or part-time, and provide the required information for each.	
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.	
Real Estate	
13. Identify all Real Estate in Massachusetts which you owned directly or through a Business as of December 31, 2016, 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, 2016, and which had an assessed value greater than \$1,000, and provide the required information for each Real Estate holding. Filer reported none.	

Original Page 4 of 16

15. Identify any Trust of which you were a beneficiary and which owned Real Estate in December 31, 2016, with an assessed value greater than \$1,000, and provide the requ Trust and Real Estate holding.	
	Beneficiary Legend:
	Filer = F
	Spouse/Child(ren) = S/C
	Trust = T
Filer reported none.	
40.00	
16. Other than the Real Estate identified in Question 15, identify any Trust of which you dependent child(ren) residing in your household was a beneficiary and which owned Re	
of December 31, 2016, with an assessed value greater than \$1,000, and provide the rec	
such Trust and Real Estate holding.	
Filer reported none.	
17. Identify any Real Estate in Massachusetts with an assessed value greater than \$1, another person or entity by you, or by a Trust of which you were a beneficiary, at any ti	
the required information for each Real Estate holding.	The daining 2010, and provide
	Ownership Legend:
	Filer = F
	Spouse/Child(ren) = S/C Trust = T
	Trust = 1
	97//
Filer reported none.	
гнет теропеа поне.	
200	7//

Original Page 5 of 16



Original Page 6 of 16

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, 2016, 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, 2016, 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, 2016, 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.

Original Page 7 of 16

agenc depen	intify every bond or other security issued by the Commonwealth of Massachusetts or its political subdivisions, es, and authorities, which was owned as of December 31, 2016, by a Trust of which your spouse and/or any dent child(ren) residing in your household was a beneficiary, whether directly or through a Business, and which air market value as of that date greater than \$1,000, and provide the required information for each such nent.	
	Filer reported none.	
	entify every Financial Investment that you owned directly or through a Business as of December 31, 2016, and 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.	
spous Decen inform	ner than the Financial Investments identified in Question 25, identify every Financial Investment that your e and/or any dependent child(ren) residing in your household owned directly or through a Business as of aber 31, 2016, and which had a fair market value as of that date greater than \$1,000, and provide the required ation for each. For any Financial Investment not included on the drop-down list of publicly traded stock, you rovide the issuer's principal place of business or state of incorporation as well as its address.	
	Filer reported none.	

Original Page 8 of 16

27. Identify every Financial Investment that was owned as of December 31, 2016, 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
BlackRock Strategic Municipal Opportunities Fund Institutional Cl (MAMTX)	F				Mark D Fuller Personal Trust
iShares Core S&P 500 ETF(IVV)	F	5			Mark D Fuller Personal Trust
iShares MSCI Emerging Index Fund(EEM)	F				Mark D Fuller Personal Trust
iShares North American Natural Resources ETF(IGE)	F				Mark D Fuller Personal Trust
iShares U.S. Real Estate ETF(IYR)	F	2000 CO	H/O/I		Mark D Fuller Personal Trust
iShares Intermediate Credit Bond ETF(CIU)	F				Mark D Fuller Personal Trust

Original Page 9 of 16

iShares Currency Hedged MSCI EAFE ETF (HEFA)	F	Mark D Fuller Personal Trust
Victory Integrity Small-Cap Value Fund - Class Y(VSVIX)	F	Mark D Fuller Personal Trust
iShares Core S&P 500 ETF(IVV)	F	
iShares MSCI Emerging Index Fund(EEM)	P	
iShares MSCI EAFE ETF(EFA)	P	
iShares Core S&P Mid-Cap ETF(IJH)	F	
iShares Core S&P Small-Cap ETF(IJR)	F	

Original Page 10 of 16

iShares Currency Hedged MSCI EAFE ETF(HEFA)	F
Victory Integrity Small-Cap Value Fund - Class Y(VSVIX)	F
owned as of December 31, household was a beneficiar required information for each	I Investments identified in Question 27, identify every Financial Investment that was 2016, by a Trust of which your spouse and/or any dependent child(ren) residing in your y, and which had a fair market value as of that date greater than \$1,000, and provide the the included on the drop-down list of publicly traded issuer's principal place of business or state of incorporation as well as its address.
	Filer reported none.
Question may be blank in the family member's name or a	d "YES" to a Question in the following section, one or more columns in the Table for that ne following situations: If the Filer indicated that the name of the person and/or the trust was a address, the Filer was not required to provide that name. If the Filer indicated that an address tress, the Filer was not required to provide that address.
Debts and Mortgages	
more than \$1,000 was owe NOT, by blood or marriage	ncluding home equity and reverse mortgage loans, on your Primary Residence, on which ed as of December 31, 2016, where the creditor (person who loaned you the money) is , your parent, grandparent, great grandparent, child, grandchild, great grandchild, aunt, e, nephew, or the spouse of any such relative, and provide the required information for
	Filer reported none.

Original Page 11 of 16

Primar pay ar grandr	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, 2016, 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.			
Primar of Dec obligat residin grando	ntify all mortgages, including home equity and reverse mortgage loans, OTHER than any mortgage on your of Residence or any mortgage identified in response to Question 30, on which more than \$1,000 was owed as tember 31, 2016, and which your spouse and/or any dependent child(ren) residing in your household were ded to pay and where the creditor (person who loaned the money to your spouse and/or dependent child(ren) in your household) is NOT, by blood or marriage, your parent, grandparent, great grandparent, child, nild, great grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and the required information for each. Filer reported none.			
whom grando	ntify all non-mortgage debts of more than \$1,000 that you owed as of December 31, 2016, IF the person to you owed the debt is NOT, by blood or marriage, your parent, grandparent, great grandparent, child, nild, great grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and the required information for each.			
	Filer reported none.			
your h residin child, (ntify all non-mortgage debts of more than \$1,000 that your spouse and/or any dependent child(ren) residing in busehold owed as of December 31, 2016, IF the person to whom your spouse and/or any dependent child(ren) in your household owed the debt is NOT, by blood or marriage, your parent, grandparent, great grandparent, grandchild, great grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and the required information for each.			
	Filer reported none.			

Original Page 12 of 16

34. Identify non-mortgage debts of more than \$1,000 which you owed and which were forgiven at any time during 2016, 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 2016, 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 2016 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 2016 from any person having a direct interest in legislation, legislative action, or a matter before a governmental body.			
Filer reported none.			

Original Page 13 of 16

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 2016 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 2016 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 2016 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 2016 by any person having a direct interest in legislation, legislative action, or a matter before a governmental body.
Filer reported none.

Original Page 14 of 16

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 2016, own anything that you have not reported on this Statement of Financial Interests because it was held in a Blind Trust during 2016?

Filer reported none.



Original Page 15 of 16



I, Mark D Fuller, 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: 04/30/2017

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 2016 filling before submitting.

Original Page 16 of 16