# **Statement of Financial Interests for 2016**



CONTACT INFORMATION	
Last Name:	First Name and Middle initial:
Collins	Michael F
Work Phone Number:	Other Phone:
(508) 856-6507	
Work Email:	Other Email:
michael.collins@umassmed.edu	
Primary Residence Address:	
Redacted	
Contact mailling address	
Redacted	
You indicated that you did have a spouse residing in your household during	g 2016.
You indicated that you had no dependent child(ren) residing in your house	hold at any time during 2016.
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# **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.

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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
University of Massachusetts - President's Office (UMASS)	One Beacon Street, Boston, MA, 02108, US	Senior Vice President for the Health Sciences	06/01/2007	\$100,001 or more
University of Massachusetts Medical School (UMASS)	55 Lake Avenue North, Office of the Chancellor, Worcester, MA, 01655, US	Chancellor	09/26/2008	\$100,001 or more

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.

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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.
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.

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# 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.

Business Name	Address	Position	Income
Commerce Bank	386 Main St, Worcester, MA, 01608, US	Director	\$20,001 to 40,000
NEHI	One Broadway, 15th Floor, Cambridge, MA, 02142, US	Trustee	N/A
UMass Memorial Health Care	One Biotech Park, Worcester, MA, 01605 2376, US	Trustee	N/A
UMass Memorial Foundation	333 South Street, Shrewsbury, MA, 01545, US	Trustee	N/A
Massachusetts Biomedical Initiatives	Gateway Park, 60 Prescott Street, Worcester, MA, 01605, US	Trustee	N/A
Greater Worcester Community Foundation	370 Main Street, Suite 650, Worcester, MA, 01608, US	Trustee	N/A
Worcester Regional Chamber of Commerce	446 MAin Street, Worcester, MA, 01608, US	Trustee	N/A
American University of Beirut	3 Dag Hammarskjold Plaza, 8th Floor, New York, NY, 10017 2303, US	Trustee	N/A
University of Massachusetts Foundation	One Beacon Street, Boston, MA, 02108, US	Trustee	N/A
Higher Education Consortium of Central Mass	11 Norwich Street, Worcester, MA, 01608, US	Trustee	N/A

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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.

<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, 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

Property Address	Owner	Transferred?	Transferor Name	Transferor Address	Assessed Value
Redacted	F, S/C	Yes	Halloran, Jean and John	315 Seapuit River Road, Osterville, MA, 02655, US	\$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, 2016, and which had an assessed value greater than \$1,000, and provide the required information for each Real Estate holding.

Filer reported none.

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15. Identify any Trust of which you were a beneficiary and which owned Real Estate in Massachusetts as of December 31, 2016, 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

Filer reported none.

16. Other than the Real Estate identified in Question 15, identify any Trust of which your spouse and/or any dependent child(ren) residing in your household was a beneficiary and which owned Real Estate in Massachusetts as of December 31, 2016, with an assessed value greater than \$1,000, and provide the required information for each such Trust and Real Estate holding.

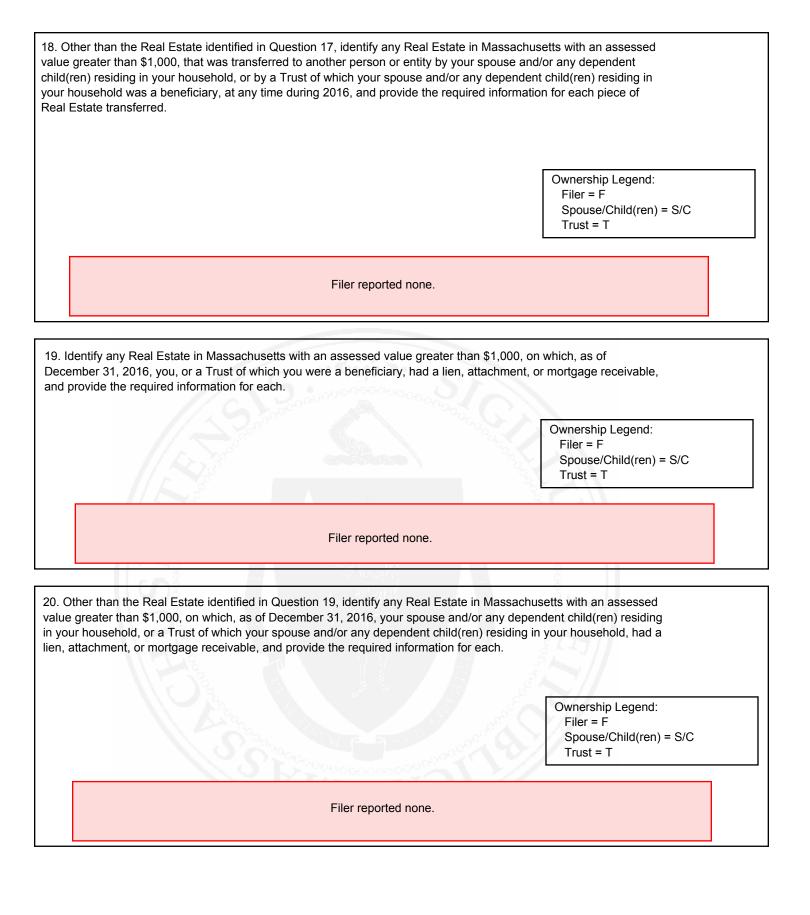
Filer reported none.

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 2016, and provide the required information for each Real Estate holding.

Ownership Legend:
Filer = F
Spouse/Child(ren) = S/C
Trust = T

Name of Trust	Real Estate Address	Owner	Transferee Name	Transferee Address	Assessed Value
	34 Gardiner Lane, Osterville, MA, 02655, US	F, S/C	Realty Trust, Gardiner Lane	Nancy B. Samiijan, Trustee, 400 Atlantic Avenue, Boston, MA, 02110, US	\$100,001 or more

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

#### **Financial Investments**

21. Identify every bond or other security issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, which you owned directly or through a Business, as of December 31, 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.

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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, 2016, 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.



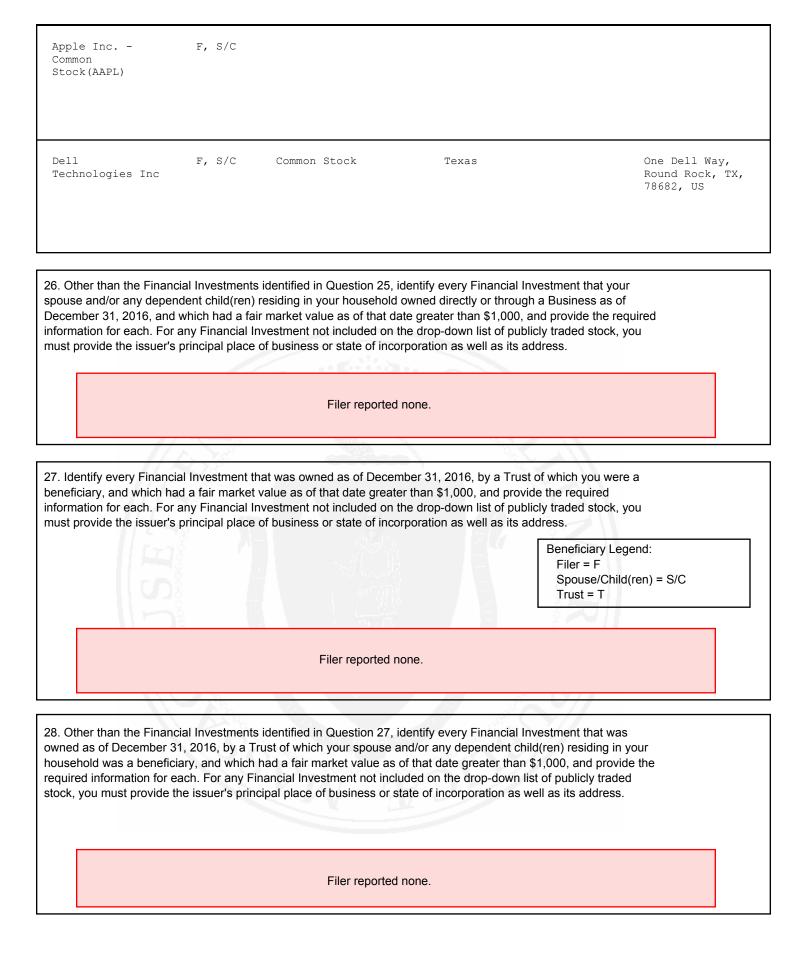
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25. Identify every Financial Investment that you owned directly or through a Business as of December 31, 2016, and which had a fair market value as of that date greater than \$1,000, and provide the required information for each.

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
Boston Scientific Corporation Common Stock(BSX)	F, S/C			
Facebook, Inc Class A Common Stock(FB)	F, S/C	5.0000000000000000000000000000000000000		
American International Group, Inc. Warrant expiring January 19, 2021 (AIG.W)	F, S/C	*		
Merck & Company, Inc. Common Stock (new) (MRK)	F, S/C			
Twitter, Inc. Common Stock(TWTR)	F, S/C			
Fidelity Blue Chip Growth Fund(FBGRX)	F, S/C			

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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.

### **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, 2016, 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
The Cooperative Bank of Cape Cod	25 Benjamin Franklin Way, Hyannis, MA, 02601, US	15	2.75	2031

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

Real Estate Creditor Obligor Original **Termination** Creditor Outstanding Mortgage Interest Address Term Name Address Amount Amount **Rate (%)** Year \$100,001 11030 F, S/C \$100,001 10 Years 2022 Finemark 12681 Turtle National or more or more Creeksid Beach Bank and e Lane, Road, TH Trust. Fort. 2, North Myers, Palm FL, Beach, 33919, FL, US 33408, US

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Primar of Dec obligat residir grando	entify all mortgages, including home equity and reverse mortgage loans, OTHER than any mortgage on your ry Residence or any mortgage identified in response to Question 30, on which more than \$1,000 was owed as cember 31, 2016, and which your spouse and/or any dependent child(ren) residing in your household were ted to pay and where the creditor (person who loaned the money to your spouse and/or dependent child(ren) ng in your household) is NOT, by blood or marriage, your parent, grandparent, great grandparent, child, child, great grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and le the required information for each.	
	Filer reported none.	
whom grando	entify 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, child, great grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and le the required information for each.	
	Filer reported none.	
your h residin child, g	entify all non-mortgage debts of more than \$1,000 that your spouse and/or any dependent child(ren) residing in nousehold owed as of December 31, 2016, IF the person to whom your spouse and/or any dependent child(ren) and 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 le the required information for each.	
	Filer reported none.	
2016, grand	lentify non-mortgage debts of more than \$1,000 which you owed and which were forgiven at any time during EXCLUDING debts forgiven by a person who is, by blood or marriage, your parent, grandparent, great lparent, child, grandchild, great grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any relative, and provide the required information for each.	
	Filer reported none.	

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residin	entify non-mortgage debts of more than \$1,000 that were owed by your spouse and/or any dependent child(ren) and in your household and were forgiven at any time during 2016, EXCLUDING debts forgiven by a person who blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great grandchild, aunt, uncle, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.	
	Filer reported none.	
D.:	hammanta Cifta and Hamanaria	
Keimi	bursments, Gifts, and Honoraria	
	entify any Reimbursements for expenses in excess of \$100 provided to you at any time during 2016 by any stive agent or executive agent (lobbyist).	
	Filer reported none.	
Questi	dentify any Reimbursements for expenses in excess of \$100, other than those identified in response to ion 36, you received at any time during 2016 from any person having a direct interest in a matter before the nmental body by which you were or are now employed.	
	Filer reported none.	
	entify any Reimbursements for expenses in excess of \$100 provided to your spouse and/or any dependent ren) residing in your household at any time during 2016 by any legislative agent or executive agent (lobbyist).	
	Filer reported none.	

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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 2016 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 2016 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 2016 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 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.

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I, Michael F Collins, 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: 04/19/2017

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.

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