# **Statement of Financial Interests for 2019**



CONTACT INFORMATION				
Last Name:	First Name and Middle initial:			
Cuff	Michael R			
Work Phone Number:	Other Phone:			
(508) 830-5037				
Work Email:	Other Email:			
mcuff@maritime.edu				
Primary Residence Address:				
Redacted				
Contact mailling address				
Redacted				
You indicated that you did have a spouse residing in your household durin	g 2019.			
You indicated that you had no dependent child(ren) residing in your house	hold at any time during 2019.			
Candidacy and Public Service	X			
Candidacy and I ublic Sci vice				

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
Massachusetts Maritime Academy	101 Academy Drive, Buzzards Bay, MA, 02532, US	Acting Dean of Undergraduate Studies	11/13/2018	\$100,001 or more
Massachusetts Maritime Academy	101 Academy Drive, Buzzards Bay, MA, 02532, US	Acting Dean of Undergraduate Studies	11/13/2018	\$100,001 or more
Massachusetts Maritime Academy	101 Academy Drive, Buzzards Bay, MA, 02532, US	Acting Dean of Undergraduate Studies	11/13/2018	\$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 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.

Public Agency	Public Agency Name	Address	Position	Consultant / Contractor?	Services Provided
Municipal	Dennis-Yarmouth Regional School district	Station Avenue, South Yarmouth, MA, 02664, US	Substitute Teacher/Tester	N/A	
Municipal	Dennis-Yarmouth Regional Schools	210 Station Ave., S. Yarmouth, MA, 02532, US	Substitute Teacher/Tester	N/A	
Municipal	Dennis-Yarmouth RegionalSchools	Station Ave., South Yarmouth, MA, 02664, US	Substitute Teacher/Tester	N/A	

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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.
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 2019, and provide the required information for each.
Filer reported none.
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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.

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

#### 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

Property Address	Owner	Transferred?	Transferor Name	Transferor Address	Assessed Value
26 Iroquois Blvd., West Yarmouth, MA, 02673, US	F	No	SIC		\$100,001 or more
Redacted	F, S/C	No			\$100,001 or
1/5					more

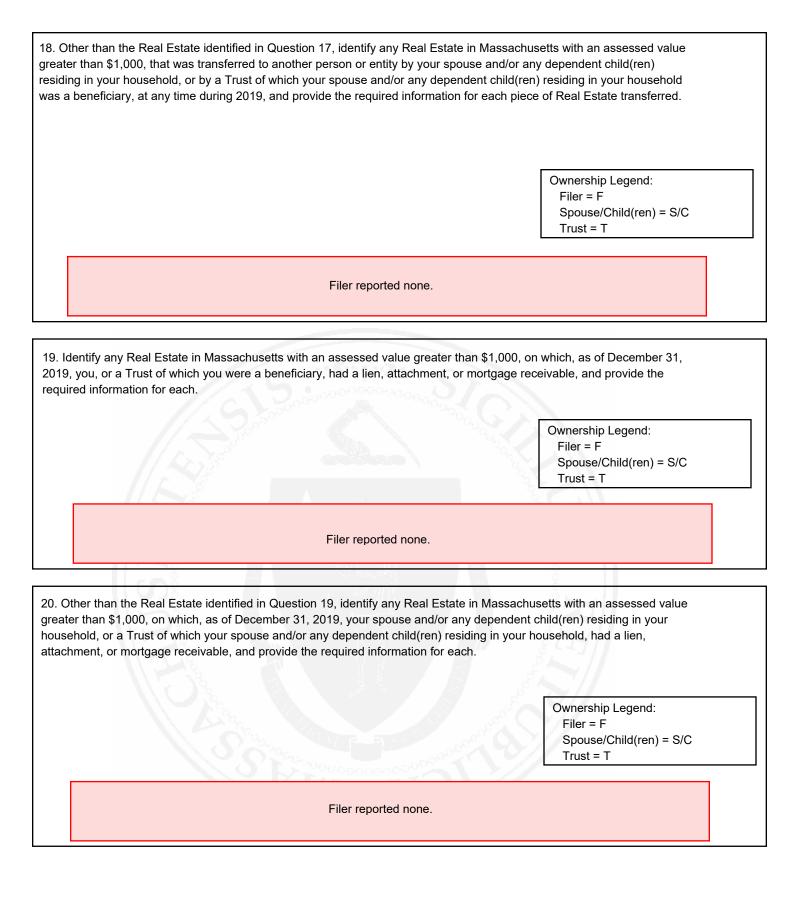
14. Other than the Real Estate identified in Question 13, identify all Real Estate in Massachusetts which your spouse and/or any dependent child(ren) residing in your household owned directly or through a Business as of December 31, 2019, and which had an assessed value greater than \$1,000, and provide 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 Ma 2019, with an assessed value greater than \$1,000, and provide the required information for 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 sp child(ren) residing in your household was a beneficiary, and which owned Real Estate in Ma 31, 2019, with an assessed value greater than \$1,000, and provide the required information Estate holding.  Filer reported none.	assachusetts as of December
17. Identify any Real Estate in Massachusetts with an assessed value greater than \$1,000 person or entity by you, or by a Trust of which you were a beneficiary, at any time during 2 information for each Real Estate holding.	
	Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T
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.

### **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.

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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, 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.



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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

Name of Issuer	Owner	Description of Investment	Principal Place of Business or State of Incorporation	Address
iShares Core 1-5 Year USD Bond ETF(ISTB)	F, S/C			
iShares Core S&P Total U.S. Stock Market ETF(ITOT)	F, S/C	500000000000000000000000000000000000000		
iShares MSCI USA Momentum Factor ETF(MTUM)	F, S/C	*		
Fidelity Cash Reserves(FDRXX)	F, S/C			
Fidelity Advisor International Capital Appreciation Fund: Class I(FCPIX)	F, S/C			
iShares 0-5 Year High Yield Corporate Bond ETF(SHYG)	F, S/C			

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SPDR S&P 500(SPY)	F, S/C
iShares 0-5 Year TIPS Bond ETF(STIP)	F, S/C
TCW Total Return Bond Fund Class N(TGMNX)	F, S/C
SPDR DoubleLine Total Return Tactical ETF(TOTL)	F, S/C
Vanguard Intermediate-Term Corporate Bond ETF(VCIT)	F, S/C
Vanguard Short-Term Corporate Bond ETF(VCSH)	F, S/C
Vanguard Mid-Cap ETF - DNQ(VO)	F, S/C
Vanguard Emerging Markets Government Bond ETF(VWOB)	F, S/C

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and/or and w Financ	ther than the Financial Investments identified in Question 25, identify every Financial Investment that your spouse any dependent child(ren) residing in your household owned directly or through a Business as of December 31, 2019, which had a fair market value as of that date greater than \$1,000, and provide the required information for each. For any sial Investment not included on the drop-down list of publicly traded stock, you must provide the issuer's principal of business or state of incorporation as well as its address.	
	Filer reported none.	
benefi each.	entify every Financial Investment that was owned as of December 31, 2019, by a Trust of which you were a ciary, and which had a fair market value as of that date greater than \$1,000, and provide the required information for For any Financial Investment not included on the drop-down list of publicly traded stock, you must provide the 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.	
Decer benefi each.	her than the Financial Investments identified in Question 27, identify every Financial Investment that was owned as of other 31, 2019, by a Trust of which your spouse and/or any dependent child(ren) residing in your household was a ciary, and which had a fair market value as of that date greater than \$1,000, and provide the required information for For any Financial Investment not included on the drop-down list of publicly traded stock, you must provide the s principal place of business or state of incorporation as well as its address.	
	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.

## **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 <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.

Creditor Name	Creditor Address	Mortgage Term	Interest Rate (%)	Termination Year
Chase Mortgage	270 Park Avenue, New York, NY, 10017, US	30	4.125	2048

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, 2019, 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

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.

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you ov great-g	entify all non-mortgage debts of more than \$1,000 that you owed as of December 31, 2019, IF the person to whom wed the debt is <u>not</u> , by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, grandchild, grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required nation for each.	
	Filer reported none.	
house your h great-g	entify all non-mortgage debts of more than \$1,000 that your spouse and/or any dependent child(ren) residing in your shold owed as of December 31, 2019, if the person to whom your spouse and/or any dependent child(ren) residing in nousehold owed the debt is <u>not</u> , by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required nation for each.	
	Filer reported none.	
exclud grand	lentify non-mortgage debts of more than \$1,000 which you owed and which were forgiven at any time during 2019, ding debts forgiven by a person who is, by blood or marriage, your parent, grandparent, great grandparent, child, lchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the red information for each.	
	Filer reported none.	
residin	entify non-mortgage debts of more than \$1,000 that were owed by your spouse and/or any dependent child(ren) ng in your household and were forgiven at any time during 2019, excluding debts forgiven by a person who is, by blood rriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, nephew, or the spouse of any such relative, and provide the required information for each.	
	Filer reported none.	

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Reimbursments, 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 legislation, legislative action, or a matter before a governmental body.
Filer reported none.
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 37, 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 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 2019 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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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 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 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.



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I,  $Michael\ R\ Cuff$ , 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: 01/27/2020

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 filling before submitting.

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