# **Statement of Financial Interests for 2020**



CONTACT INFORMATION	
Last Name:	First Name and Middle initial:
Kalowski	Michelle N
Work Phone Number:	Other Phone:
(617) 222-1560	
Work Email:	Other Email:
mkalowski@mbta.com	Redacted
Primary Residence Address:	
Redacted	
Contact mailling address	
Redacted	
You indicated that you did have a spouse residing in your household durin	ng 2020.
You indicated that you did have dependent child(ren) residing in your hous	sehold during 2020.
	31-11

# **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
Massachusetts Port Authority (MASSPORT)	One Harborside Drive, Boston, MA, 02128, US	Acting Chief Legal Counsel	10/09/2017 - 11/16/2018	\$100,001 or more
MassDOT/MBTA	10 Park Plaza, Suite 4510, Boston, MA, 02116, US	Chief Counsel	01/14/2019	\$100,001 or more
MassDOT/MBTA	10 Park Plaza, Boston, MA, 02116, US	Chief Counsel	01/13/2019	\$100,001 or more
MassDOT/MBTA	10 Park Plaza, Boston, MA, 02116, US	Chief Counsel	01/14/2019	\$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 2020, 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 2020, whether compensated or not, and whether full- or part-time.

Filer reported none.

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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 2020, 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 2020, 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 2020, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Business Name	Self-employed	Address	Position
The Chartis Group	N/A	29 Commonwealth Avenue, Boston, MA, 02116, US	Employee
The Chartis Group	N/A	29 Commonwealth Ave, Boston, MA, 02116, US	Employee
Beth Israel/Lahey Health	N/A	20 university Road, Cambridge, MA, 02138, US	Manager
Beth Israel/Lahey Health	N/A	20 university Road, Cambridge, MA, 02138, US	Manager

## **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 2020, 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 2020, 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 2020, 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 2020, 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 2020, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Business Name	Address	Position
Dimock Center	55 Dimock Street, Boston, MA, 02119, US	Trustee

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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, 2020, 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	S/		\$100,001 or more
Redacted	F, S/C	No			

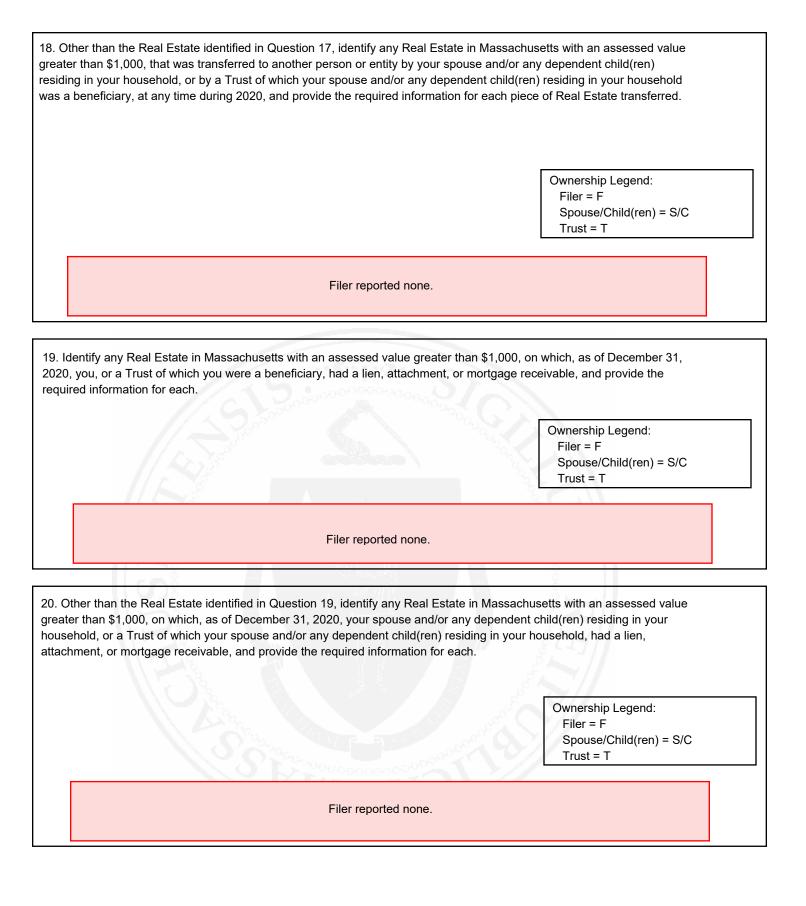
14. Other than the Real Estate identified in Question 13, identify all Real Estate in Massachusetts which your spouse and/or any dependent child(ren) residing in your household owned directly or through a Business as of December 31, 2020, and which had an assessed value greater than \$1,000, and provide 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 2020, with an assessed value greater than \$1,000, and provide the required information fo 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, 2020, 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, 2020, 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, 2020, 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, 2020, 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, 2020, 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, 2020, 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
Fidelity Balanced Fund(FBALX)	F			
International Business Machines Corporation Common Stock(IBM)	F	5,000,000,000		
Oakmark Equity and Income Fund Cl I(OAKBX)	F			
Vanguard Small-Cap Value ETF - DNQ(VBR)	F			
Vanguard FTSE All World Ex US ETF(VEU)	F			
Vanguard Total Stock Market ETF(VTI)	F			

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Vanguard High Dividend Yield ETF - DNQ(VYM)	F
SPDR Select Sector Fund - Utilities(XLU)	F
DoubleLine Total Return Bond Fund Class N(DLTNX)	F
Dodge & Cox International Stock Fund(DODFX)	F
Gateway Fund Class A(GATEX)	F

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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, 2020, 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	Address
Vanguard 500 Index Fd Admiral Shs(VFIAX)			
Vanguard Total Bond Market Index Fund Admiral Shares(VBTLX)	S S		
Vanguard Long-Term Tax-Exempt Fund(VWLTX)			
Vanguard Total Stock Market Index Fd Admiral Shs(VTSAX)			RE

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27. Identify every Financial Investment that was owned as of December 31, 2020, 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
Fidelity Government Money Market Fund(SPAXX)	F				Michelle Kalowski
Gateway Fund Class A(GATEX)	F	5			Michelle Kalowski
Oakmark Equity and Income Fund Cl I(OAKBX)	F	*			Michelle Kalowski
Oakmark Global Fund Class I; a series of Harris Associates Investment(OAKGX)	F				Michelle Kalowski
Royce Total Return Fund Investment Class(RYTRX)	F		HOI)		Michelle Kalowski
iShares TIPS Bond ETF(TIP)	F				Michelle Kalowski

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Vanguard FTSE All World Ex US ETF(VEU)	F	Michelle Kalowski
Vanguard Total Stock Market ETF(VTI)	F	Michelle Kalowski



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28. Other than the Financial Investments identified in Question 27, identify every Financial Investment that was owned as of December 31, 2020, 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
DoubleLine Total Return Bond Fund Class N(DLTNX)				
Vanguard Small-Cap Value ETF - DNQ(VBR)	615			
DoubleLine Total Return Bond Fund Class N(DLTNX)				
Vanguard Small-Cap Value ETF - DNQ(VBR)			R	
Vanguard FTSE Emerging Markets ETF(VWO)				
Vanguard FTSE Emerging Markets ETF(VWO)		M HO		

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Vanguard High
Dividend Yield ETF
- DNQ(VYM)

Vanguard High
Dividend Yield ETF
- DNQ(VYM)

SPDR Select Sector
Fund Utilities(XLU)

SPDR Select Sector
Fund Utilities(XLU)

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, 2020, 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
US Bank	17500 Rockside Road, Bedford, OH, 44146, US	30 Year	3.75	2042

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Primar where	d you have a mortgage, including a home equity or reverse mortgage loan, on any property <u>OTHER</u> than your ry Residence, on which more than \$1,000 was owed as of December 31, 2020, which you were obligated to pay and the creditor (person who loaned you the money) is <u>NOT</u> , by blood or marriage, your parent, grandparent, great parent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such are?
	Obligor Legend: Filer = F Spouse/Child(ren) = S/C Trust = T
	Filer reported none.
Reside 31, 20 where not, by	entify all mortgages, including home equity and reverse mortgage loans, other than any mortgage on your Primary ence or any mortgage identified in response to Question 30, on which more than \$1,000 was owed as of December 20, and which your spouse and/or any dependent child(ren) residing in your household were obligated to pay and the creditor (person who loaned the money to your spouse and/or dependent child(ren) residing in your household) is 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.
you ov great-g	entify all non-mortgage debts of more than \$1,000 that you owed as of December 31, 2020, IF the person to whom wed the debt is not, 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 ation for each.
	Filer reported none.
housel your he great-g	entify all non-mortgage debts of more than \$1,000 that your spouse and/or any dependent child(ren) residing in your hold owed as of December 31, 2020, if the person to whom your spouse and/or any dependent child(ren) residing in ousehold owed the debt is not, 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 ation for each.
	Filer reported none.

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34. Identify non-mortgage debts of more than \$1,000 which you owed and which were forgiven at any time during 2020, 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 2020, 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 2020 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 2020 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.				

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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 2020 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 2020 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 2020 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 2020 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.			

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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.

### **Blind Trusts**

40. Did you, your spouse and/or any dependent child(ren) residing in your household during 2020, own anything that you have not reported on this Statement of Financial Interests because it was held in a Blind Trust during 2020?

Filer reported none.



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I,  ${\tt Michelle\ N\ Kalowski}$ , 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: 04/20/2021

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 2020 filling before submitting.

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