## **Statement of Financial Interests for 2024**



| CONTACT INFORMATION   |                                |
|---|--------------------------------|
| Last Name:  | First Name and Middle initial: |
| Guertin   | Nicole                         |
| Contact Phone Number:   | Other Phone:                   |
| Redacted  |                                |
| Work Email:   | Other Email:                   |
| nguertin@fcso-ma.us   |                                |
| Primary Residence Address:  |                                |
| Redacted  |                                |
| Contact mailling address  | 37                             |
| Redacted  |                                |
| You indicated that you bladhave pospedisene sidyoguirhopose holds ethaldy diunie<br>You indicated that you bladhave eleppedieleth thild (deph) resistiding in iyo wulnot was e        |                                |
|   | 8 - 1                          |
| Candidacy and Public Service  |                                |
| If you are a candidate for public office, please indicate the public office you   | u are seeking.                 |
| Filer reported none.  |                                |
| 2. Identify the position you now hold, or have held, which requires you to file provide the required information for that position. If you held more than one identify each position. |                                |
| Filer reported none.  |                                |

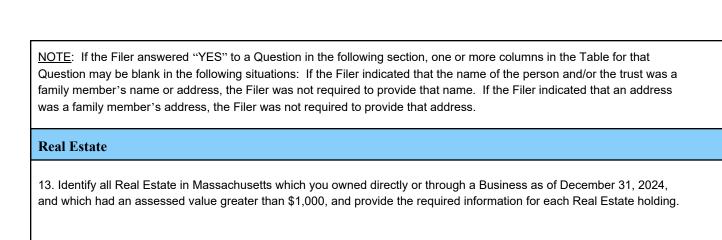
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| 3. Other than the position(s) identified in Question 2, identify every public position you held, and every public agency to which you provided services, at any time during 2024, whether compensated or not, and whether full- or part-time.  |
|--|
| 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 2024, 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 2024, 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 2024, 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 2024, whether compensated or not, and whether full- or part-time, and provide the required information for each.          |
| Filer reported none.   |

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| 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 2024, 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 2024, 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 2024, 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 2024, 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 2024, whether compensated or not, and whether full- or part-time, and provide the required information for each.  |
| Filer reported none.   |

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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, 2024, and which had an assessed value greater than \$1,000, and provide the required information for each Real Estate holding.

Filer reported none.

15. Identify any Trust of which you were a beneficiary, and which owned Real Estate in Massachusetts as of December 31, 2024, 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.

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| child(r<br>31, 20 | her than the Real Estate identified in Question 15, identify any Trust of which your spouse and/or any dependent en) residing in your household was a beneficiary, and which owned Real Estate in Massachusetts as of December 24, with an assessed value greater than \$1,000, and provide the required information for each such Trust and Real holding.   |
|-------------------|--|
|                   |  |
|                   | Filer reported none.   |
|                   |  |
| perso             | lentify 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 2024, and provide the required nation for each Real Estate holding.   |
|                   | Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T  |
|                   | Filer reported none.   |
|                   |  |
| greate<br>residin | her than the Real Estate identified in Question 17, identify any Real Estate in Massachusetts with an assessed value in than \$1,000, that was transferred to another person or entity by your spouse and/or any dependent child(ren) in your household, or by a Trust of which your spouse and/or any dependent child(ren) residing in your household beneficiary, at any time during 2024, 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.   |

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19. Identify any Real Estate in Massachusetts with an assessed value greater than \$1,000, on which, as of December 31, 2024, 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 Filer reported none. 20. Other than the Real Estate identified in Question 19, identify any Real Estate in Massachusetts with an assessed value greater than \$1,000, on which, as of December 31, 2024, your spouse and/or any dependent child(ren) residing in your household, or a Trust of which your spouse and/or any dependent child(ren) residing in your household, 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 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. **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, 2024, 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 = TFiler reported none.

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| 22. Other than the bonds or other securities identified in Question 21, identify every bond or of Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, whice dependent child(ren) residing in your household owned directly or through a Business, as of I had a fair market value as of that date greater than \$1,000, and provide the required information. | ch your spouse and/or any<br>December 31, 2024, and which       |
|---|---|
| Filer reported none.  |   |
| 23. Identify every bond or other security issued by the Commonwealth of Massachusetts or it agencies, and authorities, which was owned as of December 31, 2024, by a Trust of which you directly or through a Business, and which had a fair market value as of that date greater than required information for each such investment.   | ou were a beneficiary, whether                                  |
|   | Beneficiary Legend: Filer = F Spouse/Child(ren) = S/C Trust = T |
| Filer reported none.  |   |
| 24. Identify every bond or other security issued by the Commonwealth of Massachusetts or it agencies, and authorities, which was owned as of December 31, 2024, by a Trust of which yo dependent child(ren) residing in your household was a beneficiary, whether directly or throug fair market value as of that date greater than \$1,000, and provide the required information for             | our spouse and/or any<br>h a Business, and which had a          |
|   |   |
| Filer reported none.  |   |
|   | Y//   |
| 25. Identify every Financial Investment that you owned directly or through a Business as of D had a fair market value as of that date greater than \$1,000, and provide the required informat   | tion for each.  Ownership Legend:                               |
|   | Filer = F<br>Spouse/Child(ren) = S/C<br>Trust = T               |
| Filer reported none.  |   |

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| 26. Other than the Financial Investments identified in Question 25, identify every Financial and/or any dependent child(ren) residing in your household owned directly or through a E and which had a fair market value as of that date greater than \$1,000, and provide the refinancial Investment not included on the drop-down list of publicly traded stock, you must place of business or state of incorporation as well as its address.              | Business as of December 31, 2024, equired information for each. For any |
|---|---|
| Filer reported none.  |   |
| 27. Identify every Financial Investment that was owned as of December 31, 2024, by a T beneficiary, and which had a fair market value as of that date greater than \$1,000, and p each. For any Financial Investment not included on the drop-down list of publicly traded issuer's principal place of business or state of incorporation as well as its address.   | rovide the required information for                                     |
| 5   | Beneficiary Legend: Filer = F Spouse/Child(ren) = S/C Trust = T         |
| Filer reported none.  |   |
|   | 78  |
| 28. Other than the Financial Investments identified in Question 27, identify every Financial December 31, 2024, by a Trust of which your spouse and/or any dependent child(ren) rebeneficiary, and which had a fair market value as of that date greater than \$1,000, and peach. For any Financial Investment not included on the drop-down list of publicly traded issuer's principal place of business or state of incorporation as well as its address. | siding in your household was a rovide the required information for      |
| Filer reported none.  |   |

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| NOTE: If the Filer answered "YES" to a Question in the following section, one or more Question may be blank in the following situations: If the Filer indicated that the name of family member's name or address, the Filer was not required to provide that name. If the was a family member's address, the Filer was not required to provide that address.       | f the person and/or the trust was a  |
|--|--|
| Debts and Mortgages  |  |
| 29. Identify all mortgages, including home equity and reverse mortgage loans, on your lithan \$1,000 was owed as of December 31, 2024, where the creditor (person who loane or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grand niece, nephew, or the spouse of any such relative, and provide the required information       | ed you the money) is <u>not,</u> by blood<br>dchild, aunt, uncle, sister, brother, |
| Filer reported none.   |  |
|  |  |
| 30. Did you have a mortgage, including a home equity or reverse mortgage loan, on any Primary Residence, on which more than \$1,000 was owed as of December 31, 2024, where the creditor (person who loaned you the money) is NOT, by blood or marriage, you grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nepharelative? | hich you were obligated to pay and our parent, grandparent, great                  |

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, 2024, 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 o                     | lentify all non-mortgage debts of more than \$1,000 that you owed as of December 31, 2024, 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<br>your h<br>great- | lentify all non-mortgage debts of more than \$1,000 that your spouse and/or any dependent child(ren) residing in your ehold owed as of December 31, 2024, if the person to whom your spouse and/or any dependent child(ren) residing in nousehold 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 nation for each. |   |
|                           | Filer reported none.   |   |
|                           |  | 1 |
| <u>exclu</u><br>grand     | dentify non-mortgage debts of more than \$1,000 which you owed and which were forgiven at any time during 2024, ding debts forgiven by a person who is, by blood or marriage, your parent, grandparent, great grandparent, child, dchild, 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.   |   |
|                           |  |   |
| residii<br>or ma          | lentify 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 2024, excluding debts forgiven by a person who is, by blood arriage, 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, Gitts, and Honoraria   |
|---|
| 36. Identify any Reimbursements for expenses in excess of \$100 provided to you at any time during 2024 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 2024 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 2024 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 2024 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 2024 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 2024 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 2024, own anything that you have not reported on this Statement of Financial Interests because it was held in a Blind Trust during 2024?

Filer reported none.



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| ERTIFICATION   |   |
|--|---|
| I, Nicole Guertin, 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   | lent child(ren); and                            |
| The information provided on this form is true and complete, to the best of my knowledge.                           |   |
| Submitted:   |   |
| Did your spouse and/or any dependent child(ren) residing in your household decline to disclose information whi     | ich is necessary to complete this               |
| form fully and accurately?   |   |
|  |   |
|  |   |
|  |   |
|  |   |
| The following are the specific Question(s) for which information could not be obtained from your spouse and/or     | any dependent child(ren)                        |
| residing   |   |
| The following are the specific Question(s) which I decline to answer in whole or in part because I assert that the | e information is privileged by law <sup>.</sup> |
|  |   |
| Please explain the basis of your claim of privilege:   |   |
| IMPORTANT:   |   |
| No DESIGNATED PUBLIC EMPLOYEE shall be allowed to continue in their duties or to receive compensa                  | ation 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 2024 filing before submitting.

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