

Statement of Financial Interests for 2024



CONTACT INFORMATION

Last Name:

First Name and Middle initial:

Camargo

Nurys Z

Work Phone Number:

Other Phone:

(781) 343-3056

Work Email:

Other Email:

Nurys.Camargo@cccmass.com

Redacted

Primary Residence Address:

Redacted

Contact mailing address

Redacted

You indicated that you had no spouse living in your household at any time during 2024.

You indicated that you had no dependent child(ren) residing in your household at any time during 2024.

Candidacy and Public Service

1. If you are a candidate for public office, please indicate the public office you are seeking.

Filer reported none.

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
Cannabis Control Commission	2 Washington Square, Union Station, Worcester, MA, 01604, US	Commissioner	01/04/2021	\$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 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.

Business Name	Self-employed	Address	Position	Income
Estrada & Associates	N/A	22 Prairie St, Mattapan, MA, 02126, US	Independent Contractor	\$5,001 to 10,000
Create Algo Más	N/A	22 Prairie Street, Mattapan, MA, 02126, US	Independent Contractor	\$1,001 to 5,000

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.

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.

Business Name	Address	Percentage of stock	Income
Create Algo Más, LLC	22 Prairie St, Mattapan, MA, 02126, US	100%	\$1,001 to 5,000

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.

Business Name	Address	Position	Income
Create Algo Más, LLC	22 Prairie St, Mattapan, MA, 02126, US	Officer	\$1,001 to 5,000

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.

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, 2024, 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, 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

Name of Trust	Real Estate Address	Beneficiary	Transferred?	Transferor Name	Transferor Address	Assessed Value
Buena Vida Living Trust	Redacted	F	Yes	Camargo, Nurys Z	22 Prairie St, NA, Mattapan, MA, 02126, US	\$100,001 or more

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, 2024, 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 2024, and provide the required information for each Real Estate holding.

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

Filer reported none.

18. Other than the Real Estate identified in Question 17, identify any Real Estate in Massachusetts with an assessed value greater than \$1,000, that was transferred to another person or entity by your spouse and/or any dependent child(ren) residing in your household, or by a Trust of which your spouse and/or any dependent child(ren) residing in your household was a 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.

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 = 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, 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.

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, 2024, 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.

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, 2024, 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.

25. Identify every Financial Investment that 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.

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

Filer reported none.

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, 2024, 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.

Filer reported none.

27. Identify every Financial Investment that was owned as of December 31, 2024, 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

Filer reported none.

28. Other than the Financial Investments identified in Question 27, identify every Financial Investment that was owned as of December 31, 2024, 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.

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.

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, 2024, 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
Freedom Mortgage	275 W Natick Rd, NA, Warick, RI, 02886, US	30	4.26	2045
Wells Fargo	P.O. Box 10335, Des Moines, IL, 50306, US	30	3.9	2040
Shellpoint Mortgage	P.O Box 65084, Dallas, TX, 75265, US	30	8.2	2055

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, 2024, 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 Address	Obligor	Original Amount	Outstanding Amount	Mortgage Term	Interest Rate (%)	Termination Year	Creditor Name	Creditor Address
547 Adams Street, Dorchester, MA, 02122, US	F	\$100,001 or more	\$100,001 or more	30	3.9	2040	Wells Fargo	PO Box 10378, Des Moines, IA, 50306, US
Redacted	F	\$100,001 or more	\$100,001 or more	30	4.26	2040	Freedom Mortgage	275 W Natick Rd, Warwick, RI, 02886, US
Redacted	F	\$100,001 or more	\$100,001 or more	30	8.2	2055	Shellpoint Mortgage	P.O Box 65084, Dallas, TX, 75265, US

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.

32. Identify all non-mortgage debts of more than \$1,000 that you owed as of December 31, 2024, IF the person to whom you owed the debt 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.

33. Identify all non-mortgage debts of more than \$1,000 that your spouse and/or any dependent child(ren) residing in your household owed as of December 31, 2024, if the person to whom your spouse and/or any dependent child(ren) residing in your household owed the debt 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.

34. Identify non-mortgage debts of more than \$1,000 which you owed and which were forgiven at any time during 2024, 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 2024, 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.

Reimbursements, Gifts, 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.

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.

CERTIFICATION

I, *Nurys Z Camargo*, 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: 04/30/2025

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:



You have indicated that you are a candidate for public office. Select the office for which you are a candidate
Identify the position you 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
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 [Filing Year], whether compensated or not, and whether full or part-time
Identify every Business for which you worked as an employee, manager, consultant, or independent contractor at any time during [Filing Year], whether compensated or not, and whether full or part-time, and provide the required information for each
Identify any Business from which you were on a leave of absence at any time during [Filing Year], and provide its address
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 [Filing Year], and provide the required information for each
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 [Filing Year], and provide the required information for each
Identify any Business in which you served as an officer, director, or trustee, at any time during [Filing Year], whether compensated or not, and whether full- or part-time, and provide the required information for each
Identify all Real Estate in Massachusetts which you owned directly or through a business as of December 31, [Filing Year], and which had an assessed value greater than \$1,000, and provide the required information for each piece of Real Estate
Identify any Trust of which you were a beneficiary and which owned Real Estate in Massachusetts as of December 31, [Filing Year], with an assessed value greater than \$1,000, and provide the required information for each such trust and Real Estate holding
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 [Filing Year], and provide the required information for each piece of Real Estate transferred
Identify any Real Estate in Massachusetts with an assessed value greater than \$1,000, on which, as of December 31, [Filing Year], you had a lien, attachment, or mortgage receivable, or on which a Trust of which you are a beneficiary had a lien, attachment, or mortgage receivable
Identify every bond or other security issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, which you owned as of December 31, [Filing Year], 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
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, [Filing Year] 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
Identify every Financial Investment that you owned directly or through a Business as of December 31, [Filing Year], and which had a fair market value greater than \$1,000, and provide the required information for each
Identify every financial Investment that was owned as of December 31, [Filing Year], by a Trust of which you are a beneficiary, which had a fair market value as of that date greater than \$1,000, and provide the required information for each
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, [Filing Year], where the creditor (person who loaned you the money) is, NOT a Family Member. "Family Member" means: 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
Identify all mortgages, including home equity and reverse mortgage loans, OTHER than any mortgage on your primary residence, on which more than \$1,000 was owed as of December 31, [Filing Year], which you are obligated to pay and where the creditor (person who loaned you the money) is, NOT a Family Member. "Family Member" means: 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
Identify all non-mortgage debts of more than \$1,000 that you owed as of December 31, [Filing Year], IF the person to whom you owed the debt was NOT a Family Member. "Family Member" means: 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
Identify debts of more than \$1,000 which you owed and which were forgiven at any time during [Filing Year]. Do NOT include Debts forgiven by a Family Member. "Family Member" means: 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
Identify any Reimbursements for expenses provided to you at any time during [Filing Year] by any legislative agent or executive agent (lobbyist)
Identify any Reimbursements for expenses, other than those identified in response to question 36, you received at any time during [Filing Year] from any person having a direct interest in legislation, legislative action, or a matter before a governmental body
Identify any Gifts and/or Honoraria provided to you at any time during [Filing Year] by any person having a direct interest in legislation, legislative action, or a matter before a governmental body
Do you own anything that you have not reported on this form because it is held in a blind trust?

Please explain the basis of your claim of privilege:

Questions not answered did not pertain to my situation.

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 2024 filing before submitting.

