Statement of Financial Interests for 2017



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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
MassDOT/MBTA	10 Park Plaza, Suite 2810, Boston, MA, 02116, US	Senior Director of Procurement Operations	05/21/2018	N/A

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 2017, 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 2017, 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 2017, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Business Name	Self-employed	Address	Position	Income
Exela Technologies	N/A	575 University Avenue, Norwood, MA, 02062, US	Manager	\$100,001 or more

6. Identify any Business from which you were on a leave of absence at any time during 2017, and provide its address.

Filer reported none.

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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 2017, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Business Name	Self-employed	Address	Position
Massachusetts League of Community Health Centers	N/A	40 Court Street, 10th Floor, Boston, MA, 02108, 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 2017, 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 2017, 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 2017, 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 2017, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Filer reported none.

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12. Identify any Business in which your spouse and/or any dependent child(ren) residing in your household served as an officer, director, or trustee, at any time during 2017, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Filer reported none.

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

Real Estate

13. Identify all Real Estate in Massachusetts which you owned directly or through a Business as of December 31, 2017, 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? Transf	eror Name Transferor Address	Assessed Value
Redacted	F, S/C	No		\$100,001 or more
819 Depot Strong Harwich, MA, 02645, US	eet, F, S/C	No		\$100,001 or more

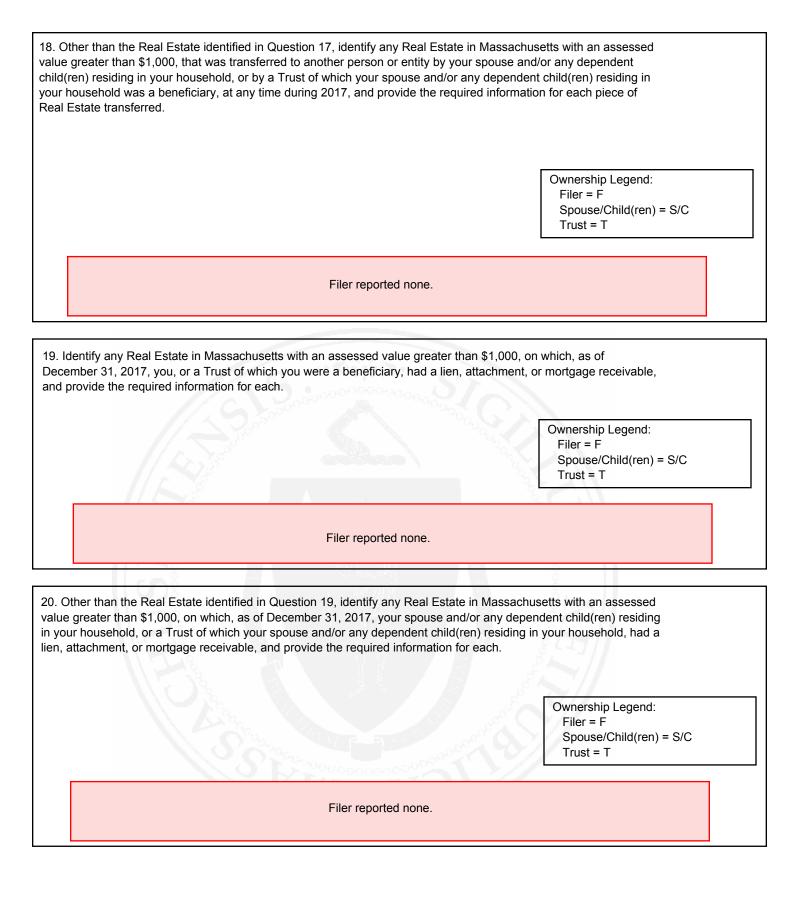
14. Other than the Real Estate identified in Question 13, identify all Real Estate in Massachusetts which your spouse and/or any dependent child(ren) residing in your household owned directly or through a Business as of December 31, 2017, and which had an assessed value greater than \$1,000, and provide 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 I December 31, 2017, with an assessed value greater than \$1,000, and provide the requirement and Real Estate holding.	
	Beneficiary Legend:
	Filer = F Spouse/Child(ren) = S/C
	Trust = T
Filer reported none.	
16. Other than the Real Estate identified in Question 15, identify any Trust of which your	r spouse and/or any
dependent child(ren) residing in your household was a beneficiary and which owned Re	
of December 31, 2017, with an assessed value greater than \$1,000, and provide the recursor Trust and Real Estate holding.	quired information for each
Trust and Near Estate Holding.	
Filer reported none	
Filer reported none.	
11 / 72	3 (2/1)
17. Identify any Real Estate in Massachusetts with an assessed value greater than \$1,00 another person or entity by you, or by a Trust of which you were a beneficiary, at any time required information for each Real Estate holding.	
	\$
	Ownership Legend:
	Filer = F Spouse/Child(ren) = S/C
	Trust = T
	8.7//
Filer reported none.	
	0//

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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, 2017, 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, 2017, 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, 2017, 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, 2017, 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, 2017, 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
AbbVie Inc. Common Stock(ABBV)	F			
Alphabet Inc Class A Common Stock(GOOGL)	F	5.0000000000000000000000000000000000000		
Anadarko Petroleum Corporation Common Stock(APC)	F			
Apple Inc Common Stock(AAPL)	F			
BlackRock, Inc. Common Stock(BLK)	F			
Crown Castle International Corp. (REIT) Common Stock(CCI)	F			

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Facebook, Inc Class A Common Stock(FB)	F
Pfizer, Inc. Common Stock(PFE)	F
Stanley Black & Decker, Inc. Common Stock(SWK)	F
Starbucks Corporation - Common Stock(SBUX)	F
Visa Inc.(V)	F
Williams Companies, Inc. (The) Common Stock(WMB)	F
iShares Core S&P Small-Cap ETF(IJR)	F
Ishares MSCI India ETF(INDA)	F

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iShares Core MSCI EAFE ETF(IEFA)	F
Janus EnterpriseI Shs(JMGRX)	F
John Hancock Funds III International Growth Fund Class I (GOGIX)	F
Abbey Capital Futures Strategy Fund- Class I Shares (ABYIX)	F
Allergan plc Ordinary Shares(AGN)	F
AMC Networks Inc Class A Common Stock(AMCX)	F C C C C C C C C C C C C C C C C C C C
Autodesk, Inc Common Stock(ADSK)	F
Biogen Inc Common Stock(BIIB)	F

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Avago Technologies Limited - Ordinary Shares(AVGO)	F
Citrix Systems, Inc Common Stock(CTXS)	F
Comcast Corporation - Class A Common Stock(CMCSA)	F
Cree, Inc Common Stock(CREE)	F
Discovery Communications, Inc Series A Common Stock(DISCA)	F
Dolby Laboratories Common Stock(DLB)	F
Fluor Corporation Common Stock(FLR)	F
Freeport-McMoRan , Inc. Common Stock(FCX)	F

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ImmunoGen, Inc Common Stock(IMGN)	F
Johnson Controls, Inc. Common Stock(JCI)	F
Liberty Broadband Corporation - Class A Common Stock(LBRDA)	F
Liberty Interactive Corporation - Series A Liberty Ventures Common Stock(LVNTA)	F
Lions Gate Entertainment Corporation Common Stock(LGF)	F
LogMein, Inc Common Stock(LOGM)	F
Liberty Broadband Corporation - Class C Common Stock(LBRDK)	
Liberty Interactive Corporation - Series A QVC Group Common Stock(QVCA)	F

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L-3 Communications Holdings, Inc. Common Stock(LLL)	F
Medtronic plc. Ordinary Shares(MDT)	F
National Oilwell Varco, Inc. Common Stock(NOV)	F
NOW Inc. Common Stock(DNOW)	F Comment of the comm
Nuance Communications, Inc Common Stock(NUAN)	F
Nucor Corporation Common Stock(NUE)	F
Pentair plc. Ordinary Share(PNR)	F Comment of the second of the
Seagate Technology Common Stock(STX)	F

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TE Connectivity Ltd. New Switzerland Registered Shares(TEL)	F
Twitter, Inc. Common Stock(TWTR)	F
UnitedHealth Group Incorporated Common Stock (DE) (UNH)	F
Vertex Pharmaceuticals Incorporated - Common Stock(VRTX)	P
Weatherford International plc (Ireland) (WFT)	F
Western Digital Corporation - Common Stock(WDC)	F
Clorox Company (The) Common Stock(CLX)	F, S/C
Vanguard Primecap Fund(VPMCX)	F, S/C

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Berkshire Hathaway Inc. New Common Stock(BRK.B)	F
GlaxoSmithKline PLC Common Stock(GSK)	F
Honeywell International Inc. Common Stock(HON)	F
International Business Machines Corporation Common Stock(IBM)	P
Merck & Company, Inc. Common Stock (new) (MRK)	P
Pepsico, Inc. Common Stock(PEP)	F
Procter & Gamble Company (The) Common Stock(PG)	F
Schlumberger N.V. Common Stock(SLB)	F

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Compa	Disney any (The) on k(DIS)	F		
Hold: Comm	z Global ings, Inc on k(HTZ)	F		
spouse Decem informa	and/or any depende ber 31, 2017, and whation for each. For an	nt child(ren) residing in you ich had a fair market value / Financial Investment not i	euestion 25, identify every Financial or household owned directly or throut as of that date greater than \$1,000 included on the drop-down list of put state of incorporation as well as its	igh a Business as of , and provide the required iblicly traded stock, you
		F	iler reported none.	
benefic informa	iary, and which had a ation for each. For an	fair market value as of tha Financial Investment not i	as of December 31, 2017, by a Trust date greater than \$1,000, and proincluded on the drop-down list of pustate of incorporation as well as its	vide the required blicly traded stock, you
		File	er reported none.	
owned househ require	as of December 31, 2 hold was a beneficiary d information for eacl	2017, by a Trust of which yo r, and which had a fair mark n. For any Financial Investn	nuestion 27, identify every Financial our spouse and/or any dependent of the value as of that date greater that nent not included on the drop-down ousiness or state of incorporation as	hild(ren) residing in your n \$1,000, and provide the list of publicly traded
		F	iler 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, 2017, 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
CitiMortgage	8950 Cypress Waters Blvd, Dallas, TX, 75019, US	30	3.25	2042

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, 2017, 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	Obligor	Original	Outstanding	Mortgage	Interest	Termination	Creditor	Creditor
Address		Amount	Amount	Term	Rate (%)	Year	Name	Address
819 Depot Street, 10 Park Plz, Harwich, MA, 02645, US	F, S/C	\$100,001 or more	\$100,001 or more	30	4.5	2040	Chase	Mail Code OH4-7399 , PO Box 182613, Columbus , OH, 43218, US

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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, 2017, 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, 2017, 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, 2017, 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 2017, 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.	

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residin	entify non-mortgage debts of more than \$1,000 that were owed by your spouse and/or any dependent child(ren) ag in your household and were forgiven at any time during 2017, EXCLUDING debts forgiven by a person who blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great grandchild, aunt, uncle, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.	
ı		
	Filer reported none.	
Reim	bursments, Gifts, and Honoraria	
	entify any Reimbursements for expenses in excess of \$100 provided to you at any time during 2017 by any tive agent or executive agent (lobbyist).	
	Filer reported none.	
Questi	dentify any Reimbursements for expenses in excess of \$100, other than those identified in response to ion 36, you received at any time during 2017 from any person having a direct interest in legislation, legislative, or a matter before a governmental body.	
	Filer reported none.	
	entify any Reimbursements for expenses in excess of \$100 provided to your spouse and/or any dependent en) residing in your household at any time during 2017 by any legislative agent or executive agent (lobbyist).	
	Filer reported none.	

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37.a Identify any Reimbursements for expenses in excess of \$100, other than those identified in response to Question 37, provided to your spouse and/or dependent child(ren) residing in your household at any time during 2017 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 2017 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 2017 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 2017, own anything that you have not reported on this Statement of Financial Interests because it was held in a Blind Trust during 2017?
Filer reported none.

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I, Raymond F Wise, 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: 01/30/2019

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 2017 filling before submitting.

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