Statement of Financial Interests for 2017



| CONTACT INFORMATION | |
|--|--------------------------------|
| Last Name: | First Name and Middle initial: |
| Passafaro | Reed |
| Work Phone Number: | Other Phone: |
| (617) 568-1007 | |
| Work Email: | Other Email: |
| rpassafaro@massport.com | |
| Primary Residence Address: | |
| Redacted | |
| Contact mailling address | |
| Redacted | |
| You indicated that you did have a spouse residing in your household durin | g 2017. |
| You indicated that you did have dependent child(ren) residing in your hous | sehold during 2017. |
| | 8 |
| Candidacy and Public Service | |
| 1. If you are a candidate for public office, please indicate the public office you | ı are seeking. |

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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 |
|---|---|--------------------------|------------|----------------------|
| Massachusetts Port Authority (MASSPORT) | 1 Harborside Drive, East Boston, MA, 02128 2909, US | Acting Chief of Staff | 11/19/2018 | \$100,001 or more |

3. Other than the position(s) identified in Question 2, identify every public position you held, and every public agency to which you provided services, at any time during 2017, whether compensated or not, and whether full- or part-time.

| Public Agency | Public Agency Name | Address | Position | Amount of Income | Consultant / Contractor? | Services Provided |
|---------------|-------------------------------------|---|---|----------------------|--------------------------|-------------------|
| State | Massachusett s Port Authority | 1 Harborside Drive, East Boston, MA, 02128 2909, US | Senior Business and Policy Manager - Maritime | \$100,001 or more | N/A | |

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.

| Public Agency | Public Agency Name | Address | Position | Consultant / Contractor? | Services Provided |
|---------------|--------------------|--|-----------------------------------|-----------------------------|-------------------|
| Municipal | City of Boston | One City Hall Square, Boston, MA, 02201 1001, US | Director of State Relations | N/A | |

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.

Filer reported none.

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| 6. Identity any Business from which you were on a leave of absence at any time during 2017, 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 2017, 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 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. |

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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.

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.

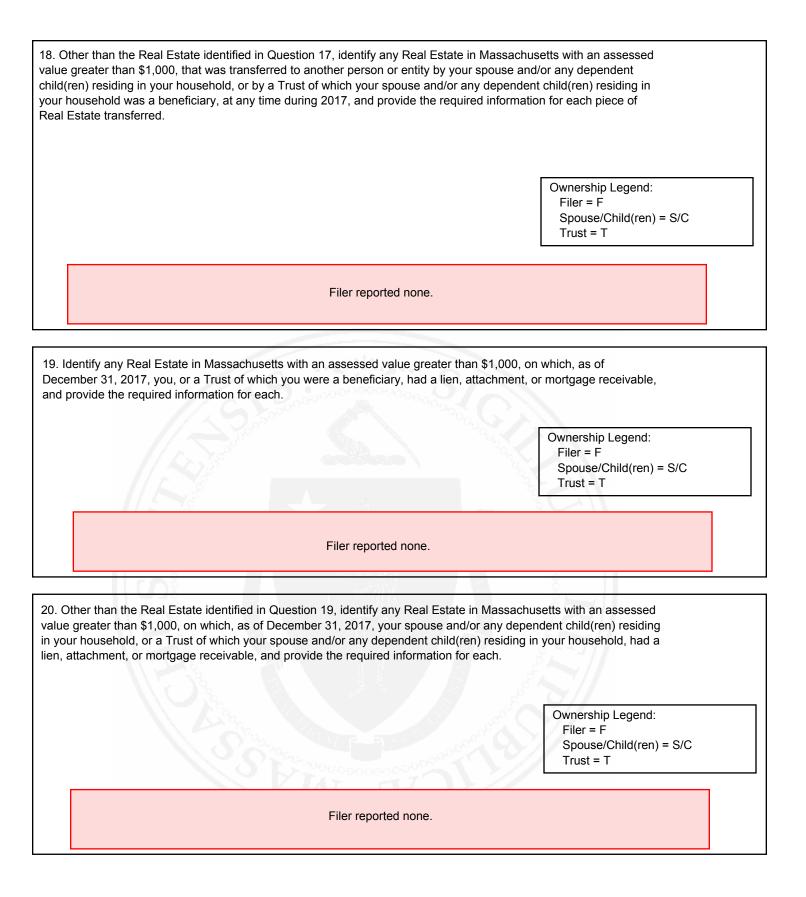
Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T

| Property Address | Owner | Transferred? | Transferor Name | Transferor Address | Assessed Value |
|------------------|--------|--------------|-----------------|--------------------|-------------------|
| Redacted | F, S/C | No | | | \$100,001 or more |

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| 14. Other than the Real Estate identified in Question 13, identify all Real Estate in Massachuse and/or any dependent child(ren) residing in your household owned directly or through a Busine 2017, and which had an assessed value greater than \$1,000, and provide the required informatestate holding. | ess as of December 31, |
|---|---|
| | |
| Filer reported none. | |
| | |
| 15. Identify any Trust of which you were a beneficiary and which owned Real Estate in Massac December 31, 2017, with an assessed value greater than \$1,000, and provide the required information Trust 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 spous dependent child(ren) residing in your household was a beneficiary and which owned Real Esta of December 31, 2017, with an assessed value greater than \$1,000, and provide the required is such Trust and Real Estate holding. | te in Massachusetts as |
| | |
| | 22 - 11 |
| Filer reported none. | |
| | (7// |
| | 7// |
| 17. Identify any Real Estate in Massachusetts with an assessed value greater than \$1,000, the another person or entity by you, or by a Trust of which you were a beneficiary, at any time dur the required 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, 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.

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 |
|--------------------------------------|-------|---------------------------|---|---------|
| Exxon Mobil Corporation Common | F | | | |
| Stock (XOM) | | | | |

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, 2017, 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.

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27. Identify every Financial Investment that was owned as of December 31, 2017, 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, 2017, 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.

<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 |
|--------------------------------|------------------|---------------|-------------------|------------------|
| City of Boston Credit Union | | 30 years | 3.65 | 2047 |

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| Primar pay an grandp | I you have a mortgage, including a home equity or reverse mortgage loan, on any property OTHER than your y Residence, on which more than \$1,000 was owed as of December 31, 2017, which you were obligated to d where the creditor (person who loaned you the money) is NOT, by blood or marriage, your parent, earent, great grandparent, child, grandchild, great grandchild, aunt, uncle, sister, brother, niece, nephew, or buse of any such relative? |
|--|---|
| | Obligor Legend: Filer = F Spouse/Child(ren) = S/C Trust = T |
| | Filer reported none. |
| Primar of Dec obligat residin grando | entify all mortgages, including home equity and reverse mortgage loans, OTHER than any mortgage on your y Residence or any mortgage identified in response to Question 30, on which more than \$1,000 was owed as ember 31, 2017, and which your spouse and/or any dependent child(ren) residing in your household were ed to pay and where the creditor (person who loaned the money to your spouse and/or dependent child(ren) g in your household) is NOT, by blood or marriage, your parent, grandparent, great grandparent, child, hild, great grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and e the required information for each. Filer reported none. |
| | |
| whom grando | Intify all non-mortgage debts of more than \$1,000 that you owed as of December 31, 2017, IF the person to you owed the debt is NOT, by blood or marriage, your parent, grandparent, great grandparent, child, shild, great grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and the required information for each. |
| | Filer reported none. |
| | |
| your ho residin child, g | entify all non-mortgage debts of more than \$1,000 that your spouse and/or any dependent child(ren) residing in pusehold owed as of December 31, 2017, IF the person to whom your spouse and/or any dependent child(ren) g in your household owed the debt is NOT, by blood or marriage, your parent, grandparent, great grandparent, grandchild, great grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and the required information 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 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. | |
| | = |
| 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 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. | |
| | |
| Reimbursments, Gifts, and Honoraria | |
| 36. Identify any Reimbursements for expenses in excess of \$100 provided to you at any time during 2017 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 2017 from any person having a direct interest in legislation, legislative action, or a matter before a governmental body. | |
| 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 2017 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 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. |
| |

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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, Reed Passafaro, 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: 02/04/2019

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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