# **Statement of Financial Interests for 2024**



CONTACT INFORMATION			
Last Name:	First Name and Middle initial:		
Nunes	Richard		
Work Phone Number:	Other Phone:		
(617) 994-6919	Redacted		
Contact Email :	Other Email:		
Redacted			
Primary Residence Address:			
Redacted			
Contact mailling 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.			
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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
Department of Higher Education (DHE)	One Ashburton Place, Room 1401, Boston, MA, 02108, US	Director, Retirement Plans Group	02/24/2014	\$20,001 to 40,000
Department of Higher Education (DHE)	One Ashburton Place; Room 1401; Boston, MA, Room 625, Boston, MA, 02108, US	Director, Retirement Plans Group	04/24/2014	\$100,001 or more
Department of Higher Education (DHE)	One Ashburton Place, Boston, MA, 02108, US	Director	01/04/2015 - 05/31/2024	\$20,001 to 40,000
Department of Higher Education (DHE)	One Ashburton Place, Boston, RI, 02108, US	Director	01/04/2015 - 05/31/2024	\$10,001 to 20,000

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.

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Private Employment and Leaves of Absence		
5. Identify every Business for which you worked as an employee, manager, consultant, or independent contractor at any time during 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.		
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.		
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9. Identify each Business of which your spouse and/or any dependent child(ren) residing in your household was, in whole or in part, an owner, partner, or proprietor, or in which your spouse and/or any dependent child(ren) residing in your household owned more than 1% of any class of the outstanding stock or similar ownership interest, at any time during 2024, and provide the required information for each.		

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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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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

Property Address	Owner	Transferred?	Transferor Name	Transferor Address	Assessed Value
Redacted	F	No			\$100,001 or more
121 Bromfield	F	No			\$100,001 or
Street, Quincy, MA, 02170, US					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, 2024, and which had an assessed value greater than \$1,000, and provide the required information for each Real Estate holding.

Filer reported none.

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15. Identify any Trust of which you were a beneficiary, and which owned Real Estate in Ma 2024, with an assessed value greater than \$1,000, and provide the required information for 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 specified (ren) residing in your household was a beneficiary, and which owned Real Estate in M 31, 2024, with an assessed value greater than \$1,000, and provide the required information Estate holding.  Filer reported none.	lassachusetts as of December		
	\$C1		
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.			

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greate residir	ther than the Real Estate identified in Question 17, identify any Real Estate in Massachuer than \$1,000, that was transferred to another person or entity by your spouse and/or ang in your household, or by a Trust of which your spouse and/or any dependent child(reral beneficiary, at any time during 2024, and provide the required information for each piece	ny dependent child(ren) n) residing in your household
		Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T
	Filer reported none.	
2024	dentify any Real Estate in Massachusetts with an assessed value greater than \$1,000, or a Trust of which you were a beneficiary, had a lien, attachment, or mortgage recred information for each.	Ownership Legend:
	Filer reported none.	Filer = F Spouse/Child(ren) = S/C Trust = T
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greate house	other than the Real Estate identified in Question 19, identify any Real Estate in Massachu er than \$1,000, on which, as of December 31, 2024, your spouse and/or any dependent ehold, or a Trust of which your spouse and/or any dependent child(ren) residing in your hament, or mortgage receivable, and provide the required information for each.	child(ren) residing in your
		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, 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.

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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, 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.			
5	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 and/or any dependent child(ren) residing in your household owned directly and which had a fair market value as of that date greater than \$1,000, and prince of business or state of incorporation as well as its address.	or through a Business as of December 31, 2024, provide the required information for each. For any		
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.			
H. Constant of the Constant of	Beneficiary Legend: Filer = F Spouse/Child(ren) = S/C Trust = T		
Filer reported none.			

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28. Other than the Financial Investments identified in Question 27, identify every Financial Investment that was owned as of December 31, 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. Filer reported none. 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 Filer reported none.

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Reside 31, 20 where not, by	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.				
you ov great-	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 <u>not</u> , by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, 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.				
house your h great-	entify all non-mortgage debts of more than \$1,000 that your spouse and/or any dependent child(ren) residing in your hold owed as of December 31, 2024, <u>if</u> the person to whom your spouse and/or any dependent child(ren) residing in lousehold owed 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 lation for each.				
	Filer reported none.				
exclud grand	entify 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, child, 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.				

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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.			
Reim	abursments, 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.			
you re	dentify any Reimbursements for expenses in excess of \$100, other than those identified in response to Question 36, eceived at any time during 2024 from any person having a direct interest in a matter before the governmental body by you were or are now employed.			
	Filer reported none.			
	entify any Reimbursements for expenses in excess of \$100 provided to your spouse and/or any dependent child(ren) ng in your household at any time during 2024 by any legislative agent or executive agent (lobbyist).			
	Filer reported none.			

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provid	37.a Identify any Reimbursements for expenses in excess of \$100, other than those identified in response to Question 36, provided to your spouse and/or dependent child(ren) residing in your household at any time during 2024 by any person having a direct interest in a matter before the governmental body by which you were or are now employed.				
	Filer reported none.				
	entify any Gifts and/or Honoraria worth more than \$100 provided to you at any time during 2024 by any person having ct interest in a matter before a governmental body by which you were or are now employed.				
	Filer reported none.				
residin	entify any Gifts and/or Honoraria worth more than \$100 provided to your spouse and/or any dependent child(ren) ng in your household at any time during 2024 by any person having a direct interest in a matter before the nmental body by which you were or are now employed.				
	Filer reported none.				
Questi family	If the Filer answered "YES" to a Question in the following section, one or more columns in the Table for that ion may be blank in the following situations: If the Filer indicated that the name of the person and/or the trust was a member's name or address, the Filer was not required to provide that name. If the Filer indicated that an address family member's address, the Filer was not required to provide that address.				
Blin	d Trusts				
	Did you, your spouse and/or any dependent child(ren) residing in your household during 2024, own anything that you 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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I, Richard Nunes, 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: 06/05/2025

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:

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 2024 filling before submitting.

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