# **Statement of Financial Interests for 2017**



CONTACT INFORMATION	
Last Name:	First Name and Middle initial:
Mann	Roger P
Work Phone Number:	Other Phone:
(617) 222-1616	Redacted
Work Email:	Other Email:
rmann@mbta.com	Redacted
Primary Residence Address:	
Redacted	
Contact mailling address	
Redacted	
You indicated that you did have a spouse residing in your household durir	ng 2017.
You indicated that you did have dependent child(ren) residing in your hous	sehold during 2017.

## **Candidacy and Public Service**

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

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 5720, Boston, MA, 02116, US	Sr. Director of Real Estate	10/22/2018	\$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	Division of Capital Asset Management & Maintenance	One Ashburton Place, 14th Floor, Boston, MA, 02108, US	Director of Joint Development	\$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	Walpole EDIC	135 School Street, Walpole, MA, 02081, US	Board Member - No Compensation	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.

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.

 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

 Accenture, LLP
 N/A
 888 Boylston Street, #12, Boston, MA, 02199, 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.

Service as an Officer, Director, or Tru	istee
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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.

		The second se	The second second		
Question may be blank	in the following situat or address, the Filer	ations: If the Filer indi	cated that the name of provide that name. If the	columns in the Table for t the person and/or the tru e Filer indicated that an a	st was a
Real Estate					
				ness as of December 31, nformation for each Real Ownership Legen Filer = F Spouse/Child(re Trust = T	d:
Property Address	Owner	Transferred?	Transferor Name	Transferor Address	Assessed Value
Redacted	F, S/C	No	HOL		\$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.

15. Identify any Trust of which you were a beneficiary and which owned Real Estate in Massachusetts as of December 31, 2017, 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/CTrust = T

Filer reported none.

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, 2017, 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 2017, and provide the required information for each Real Estate holding. Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T

value greater than \$1,000, tha child(ren) residing in your hous	t was transferred to anoth sehold, or by a Trust of w	her person or entity by your hich your spouse and/or ar	n Massachusetts with an assessed r spouse and/or any dependent ny dependent child(ren) residing in ed information for each piece of
			Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T
		Filer reported none.	
19. Identify any Real Estate in December 31, 2017, you, or a and provide the required infor	Trust of which you were		on \$1,000, on which, as of attachment, or mortgage receivable, Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T
Real Estate Address	Owner	Assessed Value	Nature of Interest Name of Trust
Redacted	F, S/C	\$100,001 or more	Mortgage Receivable
value greater than \$1,000, on	which, as of December 3 of which your spouse and	1, 2017, your spouse and/ /or any dependent child(re	in Massachusetts with an assessed or any dependent child(ren) residing n) residing in your household, had a each.

Ownership L	.egend:
Filer = F	
Spouse/Cl	nild(ren) = S/C
Trust = T	

<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.

#### **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

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.



				Ownership Le Filer = F Spouse/Chi Trust = T	igend: ld(ren) = S/C	
Name of Issuer	Owner	Description of Investment	Principal Place of B of Incorporation	usiness or State	Address	
FPA Funds Trust, FPA Crescent Portfolio Institutional Class(FPACX)	F, S/C					
Litman Gregory Masters Alternative Strategies Fund Insti Class(MASFX)	F, S/C		SIG			
Nicholas Fd(NICSX)	F, S/C			E UN		
AQR Diversified Arbitrage Fund Class I(ADAIX)	F, S/C			REL		
Fidelity Intermediate Municipal Income Fund(FLTMX)	F, S/C					
Merger Fund (The) (MERFX)	F, S/C					

Oracle Corporation Common Stock(ORCL)	F, S/C		
Cisco Systems, Inc Common Stock(CSCO)	F, S/C		
spouse and/or any deper December 31, 2017, and information for each. For	ndent child(ren) residing in your ho which had a fair market value as o any Financial Investment not inclu	tion 25, identify every Financial Investm usehold owned directly or through a Bu of that date greater than \$1,000, and pr ided on the drop-down list of publicly tra e of incorporation as well as its address Principal Place of Business or State of Incorporation	usiness as of rovide the required aded stock, you
Accenture plc. Class A Ordinary Shares (Ireland) (ACN)			
beneficiary, and which ha	ad a fair market value as of that dat any Financial Investment not inclu	of December 31, 2017, by a Trust of wh te greater than \$1,000, and provide the ided on the drop-down list of publicly tra	erequired

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

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
US Bank Home Mortgage	4801 Frederica Street, Owensboro, KY, 42301, US	15 years	3.875	2025

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

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.

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.

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).

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.

<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.

#### **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?

### CERTIFICATION

I, Roger P Mann, 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 filing before submitting.