Statement of Financial Interests for 2021



First Name and Middle initial:
Sara E
Other Phone:
Redacted
Other Email:
Redacted
j 2021.
ehold during 2021.

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
CEDAC (Community Economic Development Assistance Corporation)		Housing Development Program Manager	08/15/2011	\$60,001 to 100,000
CEDAC (Community Economic Development Assistance Corporation)		Housing Development Program Manager	08/15/2011	\$60,001 to 100,000
CEDAC (Community Economic Development Assistance Corporation)	One Center Plaza, Suite 350, Boston, MA, 02108, US	Director of Housing Development	02/01/2016	\$100,001 or more
CEDAC (Community Economic Development Assistance Corporation)	18 Tremont Street, Suite 500, Boston, MA, 02108, US	Director of Housing Development	02/01/2016	\$100,001 or more
CEDAC (Community Economic Development Assistance Corporation)	18 Tremont Street, Suite 500, Boston, MA, 02108, US	Director of Housing Development	02/01/2016	\$100,001 or more
CEDAC (Community Economic Development Assistance Corporation)	18 Tremont Street, Suite 500, Boston, MA, 02108, US	Director of Housing Development	02/01/2016	\$100,001 or more
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CEDAC (Community Economic Development Assistance Corporation)	18 Tremont Street, Boston, MA, 02108, US	Director of Housing Development	02/01/2016	\$100,001 or more
CEDAC (Community Economic Development Assistance Corporation)	18 Tremont Street, Suite 500, Boston, MA, 02108, US	Director of Housing Development	02/01/2016	\$100,001 or more

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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 2021, whether compensated or not, and whether full- or part-time.

Filer reported none.



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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 2021, whether compensated or not, and whether full- or part-time.

Public Agency	Public Agency Name	Address	Position	Consultant / Contractor?	Services Provided
Regional	Metropolitan Area Planning Council	60 Temple Place, Boston, MA, 02111, US	Executive Director	N/A	
Regional	Metropolitan Area Planning Council	60 Temple Place, Boston, MA, 02111, US	Executive Director	N/A	
Regional	MAPC	60 Temple Place, Boston, MA, 02111, US	Executive Director	N/A	
Regional	Metropolitan Area Planning Council	60 Temple Place, Boston, MA, 02111, US	Executive Director	N/A	
Regional	Metropolitan Area Planning Council	60 Temple Place, Boston, MA, 02111, US	Executive Director	N/A	
Regional	Metropolitan Area Planning Council	60 Temple Place, Boston, MA, 02111, US	Executive Director	N/A	
Municipal	City of Boston	One City Hall Square, Boston, MA, 02108, US	advocate (student)	N/A	
Regional	MAPC	60 Temple Place, Boston, MA, 02111, US	Executive Director	N/A	
Municipal	City of Boston	One City Hall Square, Boston, MA, 02108, US	Student Advocate	N/A	

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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 2021, 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 2021, 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 2021, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Business Name	Self-employed	Address	Position
Antonio's Bacaro	N/A	5 Fairmount Avenue, Hyde Park, MA, 02136, US	Employee
Antonio's Bacaro	N/A	5 Fairmount Avenue, Hyde Park, MA, 02136, US	Employee
Tony Williams Dance Center	N/A	284 Amory Street #5, Jamaica Plain, MA, 02130, US	Employee
City Ballet of Boston	N/A	284 Amory Street #5, Jamaica Plain, MA, 02130, US	Employee
Antonio's Bacaro	N/A	5 Fairmount Avenue, Hyde Park, MA, 02136, US	Employee
Youth on Board	N/A	58 Day Street, Somerville, MA, 02144, US	Employee
Metro Housing Boston	N/A	1411 Tremont Street, Boston, MA, 02120, US	Employee
Antonio's Bacaro	N/A	5 Fairmount Avenue, Hyde Park, MA, 02136, US	Employee
Youth on Board	N/A	58 Day Street, Somerville, MA, 02144, US	Employee
Morning Glory Farm	N/A	120 Meshacket Road, Edgartown, MA, 02539, US	Employee
Bakey	N/A	151 Tremont Street, Boston, MA, 02111, US	Employee
Becket-Chimney Corners YMCA	N/A	748 Hamilton Road, Becket, MA, 01223, US	Employee

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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 2021, 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 2021, 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 2021, 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 2021, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Business Name	Address	Position	Income	
Temple Israel Boston	477 Longwood Avenue, Boston, MA, 02215, US	Trustee	N/A	
Temple Israel Boston	477 Longwood Avenue, Boston, MA, 02215, US	Trustee	N/A	

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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 2021, 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, 2021, and which had an assessed value greater than \$1,000, and provide the required information for each Real Estate holding.

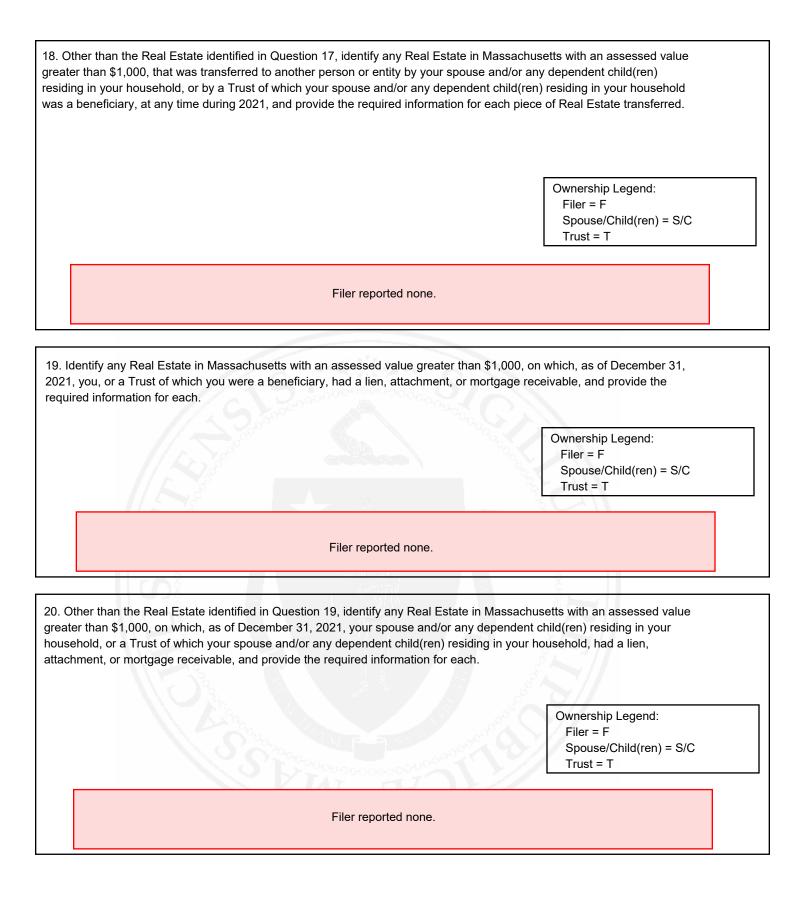
Ownership Legend:
Filer = F
Spouse/Child(ren) = S/C
Trust = T

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

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and/or any dependent child(ren) residing in your household owned directly or through a Business as of December 31, 2021, 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, 2021, 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	
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, 2021, 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 2021, 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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<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, 2021, 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, 2021, 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, 2021, 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 agencies, and authorities, which was owned as of December 31, 2021, by a Trust of which generated the child (ren) residing in your household was a beneficiary, whether directly or through fair market value as of that date greater than \$1,000, and provide the required information for	your spouse and/or any gh a Business, and which had a
Filer reported none.	
25. Identify every Financial Investment that you owned directly or through a Business as of had a fair market value as of that date greater than \$1,000, and provide the required information.	
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 every Financial I and/or any dependent child(ren) residing in your household owned directly or through a Bus and which had a fair market value as of that date greater than \$1,000, and provide the requ Financial Investment not included on the drop-down list of publicly traded stock, you must p place of business or state of incorporation as well as its address.	iness as of December 31, 2021, ired information for each. For any
Filer reported none.	
	*\/\
27. Identify every Financial Investment that was owned as of December 31, 2021, by a Trus beneficiary, and which had a fair market value as of that date greater than \$1,000, and proveach. For any Financial Investment not included on the drop-down list of publicly traded storissuer's principal place of business or state of incorporation as well as its address.	ide the required information for
H O	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, 2021, 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.

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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, 2021, where the creditor (person who loaned you the money) is <u>not</u>, 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
MB Financial Bank	800 West Madison Street, Chicago, IL, 60607, US	30 years	3.875	2045
MB Financial Bank	800 West Madison Street, Chicago, IL, 60607, US	30 years	3.875	2045
MB Financial	800 West Madison Street, Chicago, IL, 60607, US	30 years	3.875	2045
Fifth Third Bank	38 Fountain Square Plaza, Cinncinnati, OH, 45202, US	30 years	3.875	2045
Fifth Third Bank	38 Fountain Square Plaza, Cincinnati, OH, 45202, US	30 years	3.875	2045
Fifth Third Bank	38 Fountain Square Plaza, Cinncinnati, OH, 45202, US	30 yrs	3.875	2045

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Primar where grand	30. Did you have a mortgage, including a home equity or reverse mortgage loan, on any property <u>OTHER</u> than your Primary Residence, on which more than \$1,000 was owed as of December 31, 2021, which you were obligated to pay and where the creditor (person who loaned you the money) is <u>NOT</u> , 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.				
Reside 31, 20 where not, by	entify all mortgages, including home equity and reverse mortgage loans, other than any mortgage on your Primary ence or any mortgage identified in response to Question 30, on which more than \$1,000 was owed as of December 21, and which your spouse and/or any dependent child(ren) residing in your household were obligated to pay and the creditor (person who loaned the money to your spouse and/or dependent child(ren) residing in your household) is a 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. Filer reported none.				
you ov great-	entify all non-mortgage debts of more than \$1,000 that you owed as of December 31, 2021, IF the person to whom wed the debt is <u>not</u> , by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required ation 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, 2021, if the person to whom your spouse and/or any dependent child(ren) residing in ousehold owed the debt is <u>not</u> , by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required ation for each.				
	Filer reported none.				

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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 2021, 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 2021, 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.
residing in your household and were forgiven at any time during 2021, 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.
residing in your household and were forgiven at any time during 2021, 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 2021 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 2021 from any person having a direct interest in a matter before the governmental body by which you were or are now employed.
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 2021 by any legislative agent or executive agent (lobbyist).			
	Filer reported none.			
provid	dentify any Reimbursements for expenses in excess of \$100, other than those identified in response to Question 36, led to your spouse and/or dependent child(ren) residing in your household at any time during 2021 by any person g 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 2021 by any person having ct interest in a matter before a governmental body by which you were or are now employed.			
	Filer reported none.			
residir	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 2021 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.			

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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.

Blind Trusts

40. Did you, your spouse and/or any dependent child(ren) residing in your household during 2021, own anything that you have not reported on this Statement of Financial Interests because it was held in a Blind Trust during 2021?

Filer reported none.



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I, Sara $\, \mathbb{E} \,$ Barcan, 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: 05/02/2022

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 2021 filling before submitting.

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