Statement of Financial Interests for 2018



ast Name:	Einst Name	and Middle initial:
ast Name:	FIFST Name	and Middle initial:
Hall	Steven F	R
Contact Phone Number:	Other Phor	ne:
Redacted		
Contact Email :	Other Ema	il:
Redacted		
Primary Residence Address:		
Redacted		
Contact mailling address		
Redacted		
	use residing in your household during 2018. ent child(ren) residing in your household at any	time during 2018.
		8
Candidacy and Public Service		
1. If you are a candidate for public office,	please indicate the public office you are seeking	g. § 50
Office		
Senator in General Court		25//
	ave held, which requires you to file a Statemen position. If you held more than one public positi	

Original Page 1 of 13

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 2018, 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 2018, 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 2018, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Business Name	Self-employed	Address	Position	Income
Adams House	Ø	1168 Highland Avenue, fall river, MA, 02720, US	Consultant	\$60,001 to 100,000
Sherrill House	Ø	135 South Huntington Avenue, Boston, MA, 02130, US	Consultant	Less than \$1,001
New York Road Runners Association	Ø	320 West 57th Street, New York, NY, 10019, US	Independent Contractor	\$1,001 to 5,000
Christopher Heights of Webster	Ø	338 Thompson Road , Webster, MA, 01570, US	Independent Contractor	Less than \$1,001
Eisenstein, Flaherty, and Associates	N/A	15 Richards Road, Plymouth, MA, 02360, US	Consultant	\$5,001 to 10,000

Original Page 2 of 13

6. Identify any Business from which you were on a leave of absence at any time during 2018, 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 2018, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Business Name	Self-employed	Address	Position
Clay and Associates	N/A	257 Turnpike Road, Suite 310, Southborough, MA, 01772, US	Consultant

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 2018, and provide the required information for each.

Business Name	Address	Percentage of stock	Income
Modern Healthcare Advisors, LLC	54 Old Farm Road, Sturbridge, MA, 01566, US	100%	\$40,001 to 60,000

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 2018, and provide the required information for each.

Business Name	Address
Modern Healthcare Advisors, LLC	54 Old Farm Road, Sturbridge, MA, 01566, US

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 2018, and provide the required information for each.

Filer reported none.

Original Page 3 of 13

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 2018, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Business Name	Address	Position	Income
Modern Healthcare Advisors, LLC	54 Old Farm Road, Sturbridge, MA, 01566, US	Officer	\$60,001 to 100,000

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 2018, whether compensated or not, and whether full- or part-time, and provide the required information for each.

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.

Real Estate

13. Identify all Real Estate in Massachusetts which you owned directly or through a Business as of December 31, 2018, 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

Filer reported none.

Original Page 4 of 13

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 Busines and which had an assessed value greater than \$1,000, and provide the required information for	ss as of December 31, 2018,
Filer reported none.	
15. Identify any Trust of which you were a beneficiary, and which owned Real Estate in Massac 2018, with an assessed value greater than \$1,000, and provide the required information for each holding.	
C Secretario Constitution of the Constitution	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 child(ren) residing in your household was a beneficiary, and which owned Real Estate in Massa 31, 2018, with an assessed value greater than \$1,000, and provide the required information for Estate holding.	achusetts as of December
Filer reported none.	
17. Identify any Real Estate in Massachusetts with an assessed value greater than \$1,000, that person or entity by you, or by a Trust of which you were a beneficiary, at any time during 2018, information for each Real Estate holding.	
	Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T
Filer reported none.	

Original Page 5 of 13

18. Other than the Real Estate identified in Question 17, identify any Real Estate in Massachus greater than \$1,000, that was transferred to another person or entity by your spouse and/or any residing in your household, or by a Trust of which your spouse and/or any dependent child(ren was a beneficiary, at any time during 2018, and provide the required information for each piece.	y dependent child(ren)) residing in your household
	Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T
Filer reported none.	
19. Identify any Real Estate in Massachusetts with an assessed value greater than \$1,000, on 2018, you, or a Trust of which you were a beneficiary, had a lien, attachment, or mortgage recrequired information for each.	
	Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T
Filer reported none.	
20. Other than the Real Estate identified in Question 19, identify any Real Estate in Massachus greater than \$1,000, on which, as of December 31, 2018, your spouse and/or any dependent chousehold, or a Trust of which your spouse and/or any dependent child(ren) residing in your hattachment, 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.	

Original Page 6 of 13

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, 2018, 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, 2018, 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, 2018, 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.

Original Page 7 of 13

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, 2018, 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.			
	entify every Financial Investment that you owned directly or through a Business as of Defair market value as of that date greater than \$1,000, and provide the required informat			
	5	Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T		
	Filer reported none.			
and/or and wi Financ	ther than the Financial Investments identified in Question 25, identify every Financial Inversary dependent child(ren) residing in your household owned directly or through a Busing hich had a fair market value as of that date greater than \$1,000, and provide the required cial Investment not included on the drop-down list of publicly traded stock, you must proof business or state of incorporation as well as its address.	less as of December 31, 2018, ed information for each. For any		
	Filer reported none.			
		2 \ //		
benefi each.	entify every Financial Investment that was owned as of December 31, 2018, by a Trust ciary, and which had a fair market value as of that date greater than \$1,000, and provid For any Financial Investment not included on the drop-down list of publicly traded stock's principal place of business or state of incorporation as well as its address.	e the required information for		
		Filer = F Spouse/Child(ren) = S/C Trust = T		
	Filer reported none.			

Original Page 8 of 13

28. Other than the Financial Investments identified in Question 27, identify every Financial Investment that was owned as of December 31, 2018, 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, 2018, 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
Mr. Cooper	700 East Highway 121, STE 100, Lewisville, TX, 75067, US	25	3.75	2038

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, 2018, 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.

Original Page 9 of 13

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, 2018, 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, 2018, If you owed the debt is <u>not</u> , by blood or marriage, your parent, grandparent, great grandparent, child, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and information for each.	grandchild,			
Filer reported none.				
33. Identify all non-mortgage debts of more than \$1,000 that your spouse and/or any dependent ch household owed as of December 31, 2018, if the person to whom your spouse and/or any dependency your household owed the debt is not, by blood or marriage, your parent, grandparent, great grandparent-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and information for each. Filer reported none.	ent child(ren) residing in arent, child, grandchild,			
34. Identify non-mortgage debts of more than \$1,000 which you owed and which were forgiven at a excluding debts forgiven by a person who is, by blood or marriage, your parent, grandparent, great grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such required information for each. Filer reported none.	grandparent, child,			

Original Page 10 of 13

residin or mar	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 2018, excluding debts forgiven by a person who is, by blood rriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, nephew, or the spouse of any such relative, and provide the required information for each.	
	Filer reported none.	
Reim	bursments, Gifts, and Honoraria	
	entify any Reimbursements for expenses in excess of \$100 provided to you at any time during 2018 by any legislative 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, recived at any time during 2018 from any person having a direct interest in legislation, legislative action, or a matter a governmental body.	
	Filer reported none.	
	entify any Reimbursements for expenses in excess of \$100 provided to your spouse and/or any dependent child(ren) and in your household at any time during 2018 by any legislative agent or executive agent (lobbyist). Filer reported none.	

Original Page 11 of 13

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 2018 by any person having a direct interest in legislation, legislative action, or a matter before a governmental body.		
	Filer reported none.	
	entify any Gifts and/or Honoraria worth more than \$100 provided to you at any time during 2018 by any person having ct interest in legislation, legislative action, or a matter before a governmental body.	
	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 2018 by any person having a direct interest in legislation, legislative action, or ter before a governmental body.	
	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 2018, own anything that you e not reported on this Statement of Financial Interests because it was held in a Blind Trust during 2018?	
	Filer reported none.	

Original Page 12 of 13



I, Steven R Hall, 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: 04/02/2020

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 2018 filling before submitting.

Original Page 13 of 13