# **Statement of Financial Interests for 2024**



CONTACT INFORMATION	
Last Name:	First Name and Middle initial:
Gropman	Tamara R
Work Phone Number:	Other Phone:
(857) 202-8689	Redacted
Work Email:	Other Email:
tamara.gropman@mass.gov	Redacted
Primary Residence Address:	
Redacted	
Contact mailling address	
Redacted	
You indicated that you did have a spouse residing in your household durin	ng 2024.
You indicated that you did have dependent child(ren) residing in your hous	sehold during 2024.
Redacted  You indicated that you did have a spouse residing in your household during	

## **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
Division of Professional Licensure (DPL)	1 Federal Street, Boston, MA, 02110, US	Executive Director of Public Safety Boards	01/26/2025	\$60,001 to 100,000

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.

## **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.

Business Name	Self-employed	Address	Position	Income
Blueport,	N/A	27 Renmar Avenue,	Manager	\$60,001 to
Inc		Walopole, MA, 02081, US		100,000

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.

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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 2024, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Business Name	Self-employed	Address	Position
Marylou's Coffee	N/A	169 Spring Street, Bridgewater, MA, 02324, US	Employee
Johnson Golf Management Inc	N/A	PO box 1659, Harwich , MA, 02645, US	Employee

## **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.

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.

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 2024, 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 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.

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, 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 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.

15. Identify any Trust of which you were a beneficiary, and which owned Real Estate in Massachusetts as of December 31, 2024, with an assessed value greater than \$1,000, and provide the required information for each such Trust and Real Estate holding.

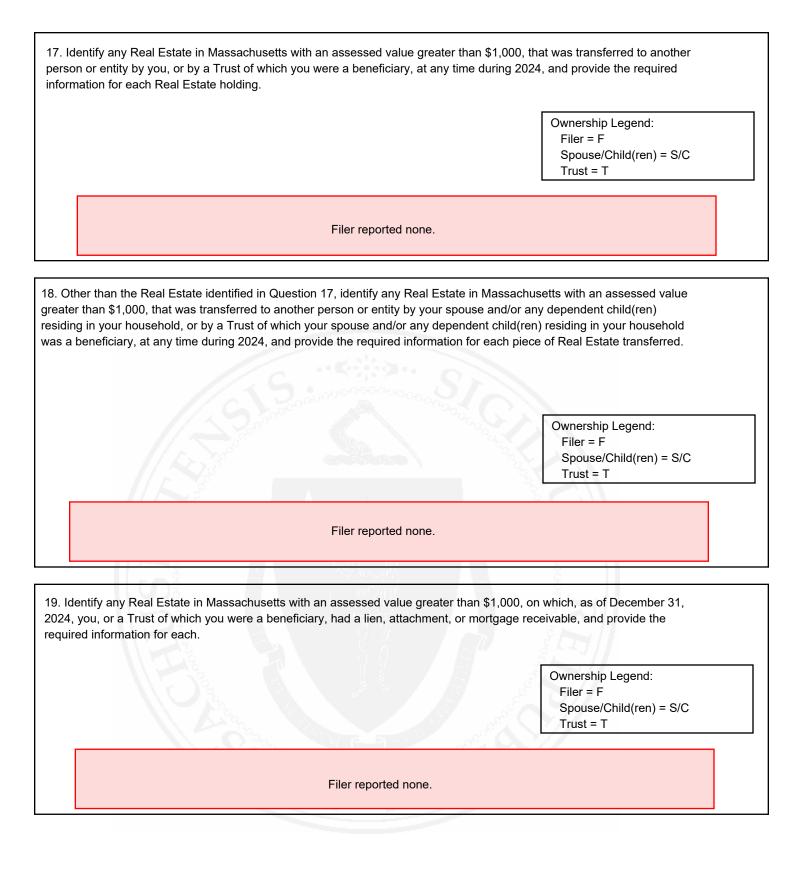
Beneficiary Legend:
Filer = F
Spouse/Child(ren) = S/C
Trust = T

Name of Trust	Real Estate Address	Beneficiary	Transferred?	Transferor Address	Assessed Value
	221 Breakneck Road, Southbridge, MA, 01550, US	F	No		\$100,001 or more

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, 2024, with an assessed value greater than \$1,000, and provide the required information for each such Trust and Real Estate holding.

Filer reported none.

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greate house	20. Other than the Real Estate identified in Question 19, identify any Real Estate in Massachusetts with an assessed value greater than \$1,000, on which, as of December 31, 2024, your spouse and/or any dependent child(ren) residing in your household, or a Trust of which your spouse and/or any dependent child(ren) residing in your household, had a lien, attachment, or mortgage receivable, and provide the required information for each.			
		Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T		
	Filer reported none.			
Quest family	: If the Filer answered "YES" to a Question in the following section, one or more columns ion may be blank in the following situations: If the Filer indicated that the name of the per member's name or address, the Filer was not required to provide that name. If the Filer family member's address, the Filer was not required to provide that address.	son and/or the trust was a		
Finai	ncial Investments			
agend	entify every bond or other security issued by the Commonwealth of Massachusetts or its pies, and authorities, which you owned directly or through a Business, as of December 31, it value as of that date greater than \$1,000, and provide the required information for each	2024, and which had a fair		
	Filer reported none.			
		0//		
Comn deper	her than the bonds or other securities identified in Question 21, identify every bond or oth nonwealth of Massachusetts or its political subdivisions, agencies, and authorities, which y dent child(ren) residing in your household owned directly or through a Business, as of De fair market value as of that date greater than \$1,000, and provide the required information	your spouse and/or any cember 31, 2024, and which		
	Filer reported none.			

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agenc	entify every bond or other security issued by the Commonwealth of Massachusetts or its poies, and authorities, which was owned as of December 31, 2024, by a Trust of which you by or through a Business, and which had a fair market value as of that date greater than \$1 and information for each such investment.	were a beneficiary, whether
		Beneficiary Legend: Filer = F Spouse/Child(ren) = S/C Trust = T
	Filer reported none.	
agenc depen	entify every bond or other security issued by the Commonwealth of Massachusetts or its posies, and authorities, which was owned as of December 31, 2024, by a Trust of which your indent child(ren) residing in your household was a beneficiary, whether directly or through a arket value as of that date greater than \$1,000, and provide the required information for each	spouse and/or any Business, and which had a
	Filer reported none.	
	entify every Financial Investment that you owned directly or through a Business as of Dec fair market value as of that date greater than \$1,000, and provide the required information	
		ž II
		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 Investrany dependent child(ren) residing in your household owned directly or through a Busines which 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 provide the provided business or state of incorporation as well as its address.	ss as of December 31, 2024, information for each. For any
	Filer reported none.	

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27. Identify every Financial Investment that was owned as of December 31, 2024, by a Trubeneficiary, and which had a fair market value as of that date greater than \$1,000, and pro each. For any Financial Investment not included on the drop-down list of publicly traded sto issuer's principal place of business or state of incorporation as well as its address.	vide the required information for
	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 December 31, 2024, by a Trust of which your spouse and/or any dependent child(ren) residueneficiary, and which had a fair market value as of that date greater than \$1,000, and proeach. For any Financial Investment not included on the drop-down list of publicly traded stressuer's principal place of business or state of incorporation as well as its address.	ding in your household was a vide the required information for
Filer reported none.	
	3611
NOTE: If the Filer answered "YES" to a Question in the following section, one or more collection may be blank in the following situations: If the Filer indicated that the name of the family member's name or address, the Filer was not required to provide that name. If the was a family member's address, the Filer was not required to provide that address.	e person and/or the trust was a
Debts and Mortgages	
29. Identify all mortgages, including home equity and reverse mortgage loans, on your Print than \$1,000 was owed as of December 31, 2024, where the creditor (person who loaned your marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandch niece, nephew, or the spouse of any such relative, and provide the required information for	you the money) is <u>not,</u> by blood nild, aunt, uncle, sister, brother,
Filer reported none.	

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Primar where grandp	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, 2024, 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 24, 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-g	entify all non-mortgage debts of more than \$1,000 that you owed as of December 31, 2024, IF the person to whom wed 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 ation for each.				
	Filer reported none.				
housel your he great-g	entify all non-mortgage debts of more than \$1,000 that your spouse and/or any dependent child(ren) residing in your mold owed as of December 31, 2024, if the person to whom your spouse and/or any dependent child(ren) residing in cousehold owed the debt is not, 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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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.
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.  Reimbursments, Gifts, and Honoraria
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.  Reimbursments, Gifts, and Honoraria
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.  Reimbursments, Gifts, and Honoraria
Reimbursments, 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.
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 2024 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 2024 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 2024 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 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.			
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 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.			

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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 2024, own anything that you have 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,  ${\tt Tamara}\ {\tt R}\ {\tt Gropman}$ , 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: 06/18/2025

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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