# **Statement of Financial Interests for 2017**



CONTACT INFORMATION	
Last Name:	First Name and Middle initial:
Johnson	Thomas A
Work Phone Number:	Other Phone:
(617) 222-6696	
Work Email:	Other Email:
tjohnson@mbta.com	
Primary Residence Address:	
Redacted	
Contact mailling address	
Redacted	
You indicated that you did have a spouse residing in your household durin	g 2017.
You indicated that you did have dependent child(ren) residing in your hous	sehold during 2017.
Candidacy and Public Service	8

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
MassDOT/MBTA	10 Park Plaza, Boston, MA, 02110, US	Director of Finance & Administratio n-Ops	08/09/2010	\$100,001 or more
MassDOT/MBTA		Director of Finance & Administratio n-Ops	08/09/2010	\$100,001 or more
MassDOT/MBTA	15.000000	Director of Finance & Administratio n - Operations	08/09/2010	\$100,001 or more
MassDOT/MBTA		Director, Finance and Administratio n, Operations	08/09/2011	\$100,001 or more
MassDOT/MBTA		Director of Finance & Administratio n-Ops	08/09/2010	\$100,001 or more
MassDOT/MBTA	10 Park Plaza, Boston, MA, 02110, US	Director of Finance & Adminstration -Operations	08/09/2009	\$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.

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 2017, whether compensated or not, and whether full- or part-time.

Public Agency	Public Agency Name	Address	Position	Consultant / Contractor?	Services Provided
Municipal	Town of Needham	1471 Highland Ave, Needham, MA, 02492, US	Adminstrative Assistant-Acco unts Payable	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.

Filer reported none.

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.

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 2017, and provide the required information for each.

Filer reported none.

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whole your h	ntify each Business of which your spouse and/or any dependent child(ren) residing in your household was, in or in part, an owner, partner, or proprietor, or in which your spouse and/or any dependent child(ren) residing in ousehold owned more than 1% of any class of the outstanding stock or similar ownership interest, at any time 2017, and provide the required information for each.
	Filer reported none.
	entify any stock or similar ownership interest in a Business which you transferred to your spouse and/or any dent child(ren) residing in your household during 2017, and provide the required information for each.
	Filer reported none.
Servi	ce as an Officer, Director, or Trustee
11. ld	entify any Business in which you served as an officer, director, or trustee, at any time during 2017, whether ensated or not, and whether full- or part-time, and provide the required information for each.
	Filer reported none.
an offi	entify any Business in which your spouse and/or any dependent child(ren) residing in your household served as cer, director, or trustee, at any time during 2017, whether compensated or not, and whether full- or part-time, ovide 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, 2017, 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	S/		\$100,001 or more
Redacted	F, S/C	No			\$100,001 or more
Redacted	F, S/C	No			\$100,001 or more

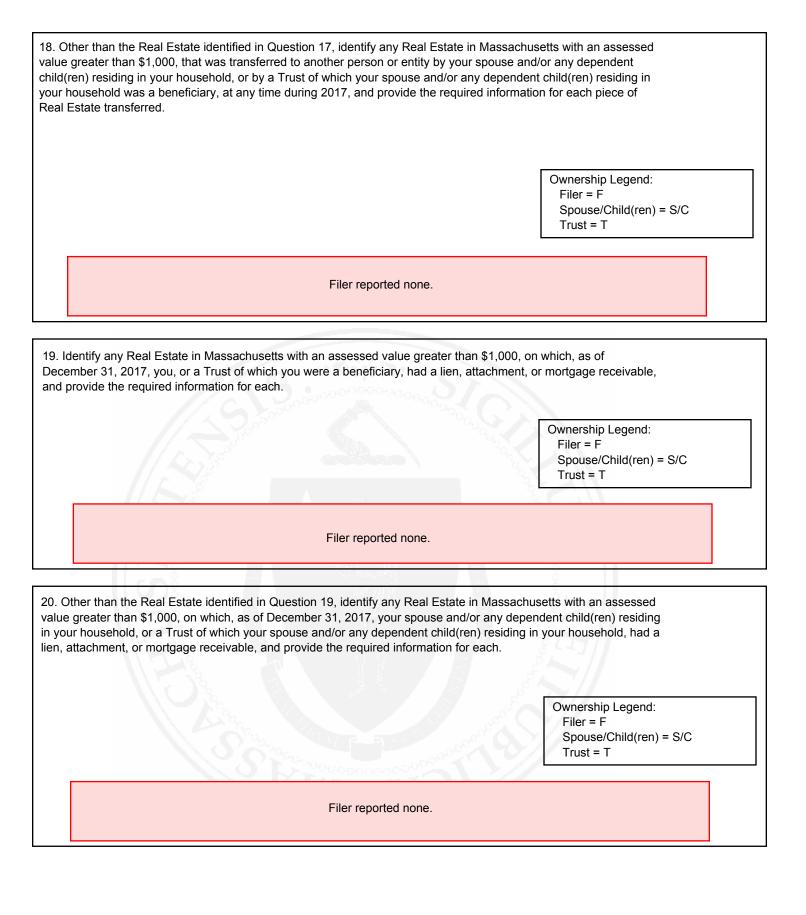
14. Other than the Real Estate identified in Question 13, identify all Real Estate in Massachusetts which your spouse and/or any dependent child(ren) residing in your household owned directly or through a Business as of December 31, 2017, and which had an assessed value greater than \$1,000, and provide the required information for each Real Estate holding.

Filer reported none.

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15. Identify any Trust of which you were a beneficiary and which owned Real Estate in Massa December 31, 2017, with an assessed value greater than \$1,000, and provide the required in 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 spou	ise and/or any
dependent child(ren) residing in your household was a beneficiary and which owned Real Est	ate 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.	
11.2.18	3 ( )
17. Identify any Real Estate in Massachusetts with an assessed value greater than \$1,000, the another person or entity by you, or by a Trust of which you were a beneficiary, at any time due to a required information for each Deal Estate holding.	
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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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, 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

Filer reported none.

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agencie depend	Intify every bond or other security issued by the Commonwealth of Massachusetts or its political subdivisions, es, and authorities, which was owned as of December 31, 2017, by a Trust of which your spouse and/or any dent child(ren) residing in your household was a beneficiary, whether directly or through a Business, and which air market value as of that date greater than \$1,000, and provide the required information for each such nent.	
	Filer reported none.	
	entify every Financial Investment that you owned directly or through a Business as of December 31, 2017, and had a fair market value as of that date greater than \$1,000, and provide the required information for each.	
-	Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T	
	Filer reported none.	
spouse Decem informa	ner than the Financial Investments identified in Question 25, identify every Financial Investment that your e and/or any dependent child(ren) residing in your household owned directly or through a Business as of aber 31, 2017, and which had a fair market value as of that date greater than \$1,000, and provide the required ation for each. For any Financial Investment not included on the drop-down list of publicly traded stock, you rovide the issuer's principal place of business or state of incorporation as well as its address.	
	Filer reported none.	
benefic informa	intify every Financial Investment that was owned as of December 31, 2017, by a Trust of which you were a ciary, and which had a fair market value as of that date greater than \$1,000, and provide the required ation for each. For any Financial Investment not included on the drop-down list of publicly traded stock, you rovide the issuer's principal place of business or state of incorporation as well as its address.    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, 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
Quicken Loans	4 Michelle Lane, Randolph, MA, 02368, US	25 years	3.875	2039
Quicken Loans		25 years	3.875	2039
LoanDepot		20	3.875	2037

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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

Real Estate	Obligor	Original	Outstanding	Mortgage	Interest	Termination	Creditor	Creditor
Address		Amount	Amount	Term	Rate (%)	Year	Name	Address
Redacted	F, S/C	\$100,001 or more	\$100,001 or more	25	3.9	2039		

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.

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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.	
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 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.	

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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).
Filer reported none.
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.

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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 2017, own anything that you have not reported on this Statement of Financial Interests because it was held in a Blind Trust during 2017?

Filer reported none.



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I, Thomas A Johnson, 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: 02/06/2018

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 filling before submitting.

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