

MASSACHUSETTS STATE ETHICS COMMISSION
ONE ASHBURTON PLACE – ROOM 619
BOSTON, MA 02108-1501
(617) 371-9500

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 STATE ETHICS COMMISSION
 2015 MAY 22 PM 12:42

STATEMENT OF FINANCIAL INTERESTS FOR CALENDAR YEAR 2014

Please provide the requested information. As required by G.L. c. 268B, the Financial Disclosure Law, you must answer all questions to the best of your knowledge. If your answer to any question is "none" or if any question is not applicable, check "Not Applicable." If extra space is needed to complete a response, attach additional pages, clearly noting the question to which the information relates. If the Commission needs to contact you regarding this form, we will use the contact information provided in Question 1.

1: Reporting Data

Person Reporting:	Charles D. Baker
Current Home Address:	[REDACTED]
City:	[REDACTED]
State:	[REDACTED]
Zip:	[REDACTED]
Home Phone:	[REDACTED]
Office Phone:	617-725-4000
Office Email:	[REDACTED]
Name of spouse residing in your household:	[REDACTED] <input type="checkbox"/> Not Applicable
Name of any dependent child(ren) residing in your household:	[REDACTED] <input type="checkbox"/> Not Applicable

2: Candidate: I am filing a Statement of Financial Interests only because I am a candidate for the following public office:

Not Applicable

Office:	[REDACTED]
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3: Positions Held

If you are not a candidate for public office, this question indicates the reason that you are otherwise required to file a Statement of Financial Interests and must be completed. Identify each position you held in 2014 or began holding in 2015 as a **PUBLIC OFFICIAL** or **DESIGNATED PUBLIC EMPLOYEE** and report the **AMOUNT of INCOME**, by category, derived from each position in 2014. If you did not earn any **INCOME** in any such position in 2014, complete the question, but check the "Income Not Applicable" box. For **AMOUNT** categories, see Instructions page 24.

Agency in which you serve(d):	Governor's Office
Your Position:	Governor of the Commonwealth of Massachusetts
Start Date:	January 8, 2015
End Date if applicable:	[REDACTED]
Amount of Income Earned in 2014:	<input checked="" type="checkbox"/> Income Not Applicable for 2014

4: Other Government Position(s)

Identify any other government position(s) held in 2014 by you and/or an **IMMEDIATE FAMILY** member (spouse or dependent child) in any federal, state, county, district or municipal agency, whether compensated or uncompensated, full- or part-time. Please review the Instructions which detail the information that should be disclosed.

Not Applicable

Name of Governmental Entity:	
Position Held:	
Filer or Immediate Family Member:	
Income (Filer Only):	

5: Employment and Other Associations with Businesses and Non-Governmental Entities (Including Non-Profit Organizations)

Identify each **BUSINESS** with which you and/or an **IMMEDIATE FAMILY** member (spouse or dependent child) were associated in 2014 as an employee, or as a partner, sole proprietor, officer, director, or in any similar managerial capacity, whether compensated or uncompensated, full- or part-time.

Not Applicable

Name of Business:	See Attachment A
Address:	
Position Held:	
Filer or Immediate Family Member:	
Gross Income (Filer Only):	

6: Business Ownership/Equity

Identify any **BUSINESS** in which you and/or an **IMMEDIATE FAMILY** member owned more than 1% of the **EQUITY** at any time during 2014.

Not Applicable

Name of Business:	
Address:	
Percentage Owned (Filer Only):	

7: Transfer of Ownership/Equity Interests

Identify any **EQUITY** in a **BUSINESS** (reported in Question 5 or 6) which you transferred to any **IMMEDIATE FAMILY** member at any time during 2014. You are not required to disclose the name of your spouse or any dependent child(ren). Where applicable, you should answer this portion of the question by indicating the relationship, e.g., "Filer and Child(ren)," "Spouse," "Spouse and Child(ren)" or "Child(ren)."

Not Applicable

Name of Business:	
Description of Equity:	
To Whom Transferred:	

8: Leaves of Absence

Identify any **BUSINESS** with which you (not an **IMMEDIATE FAMILY** member) were previously associated and with which you had an understanding at any time during 2014 regarding employment at any future time.

Not Applicable

Name of Business:	
Address:	

9: Gifts

Identify any **GIFTS** received by you and/or an **IMMEDIATE FAMILY** member at any time during 2014. Please review the Instructions which detail the information that should be disclosed.

Not Applicable

Name of Source:	
Address of Source:	
Affiliation of Source:	
Recipient:	
Value (Filer Only):	

10: Honoraria

Identify any **HONORARIUM** received by you and/or an **IMMEDIATE FAMILY** member at any time during 2014. Please review the Instructions which detail the information that should be disclosed.

Not Applicable

Name of Source:	
Address of Source:	
Source's Representative:	
Name and Address of Client:	
Recipient:	
Value (Filer Only):	

11: Reimbursements

Identify any **REIMBURSEMENTS** received by you and/or an **IMMEDIATE FAMILY** member at any time during 2014. Please review the Instructions which detail the information that should be disclosed.

Not Applicable

Name of Source:	
Address of Source:	
Source's Representative:	
Name and Address of Client:	
Recipient:	
Value (Filer Only):	

12: State or Local Government Securities

Identify each **SECURITY** issued by the Commonwealth or any public agency thereof or county or municipality located in the Commonwealth, owned by you and/or an **IMMEDIATE FAMILY** member with a fair market value in excess of \$1,000, as of December 31, 2014, and report any **INCOME** received by you at any time from such security in 2014, if such **INCOME** was in excess of \$1,000. Please be aware that state employees who own state bonds and county employees who own county bonds may need to file a disclosure of such ownership with the Commission, in addition to disclosure of such ownership here. Please review the Instructions for more information.

Not Applicable

Name of Issuer:	
Description of Security:	
Income (Filer Only):	

13: Securities and Investments

Identify each **SECURITY** or other **INVESTMENT** with a fair market value in excess of \$1,000, beneficially owned by you and/or an **IMMEDIATE FAMILY** member as of December 31, 2014. To report **SECURITIES** and **INVESTMENTS** held in trust, see Questions 14-21. Any **INCOME** received by you at any time during 2014 in excess of \$1,000 from **SECURITIES** issued by the Commonwealth or any public agency thereof or county or municipality located in the Commonwealth should be reported in Question 12.

Not Applicable

Name of Issuer:	See Attachment B
Description of Security:	
Principal Place of Business:	
Owner (Filer or Immediate Family Member):	

14: Business and Charitable Trusts

If you and/or an **IMMEDIATE FAMILY** member had a beneficial ownership interest or served as a trustee of a **BUSINESS** or **CHARITABLE TRUST** as of December 31, 2014, you need to answer this question. You are not required to disclose the address of the **BUSINESS** or **CHARITABLE TRUST** if it is the same as your current home address. Where applicable, you should answer this portion of the question with "Home Address." Please review the Instructions which detail the information that should be disclosed.

Not Applicable

Name of Trust:	
Address:	
Date Trust Created:	
Name of Grantor(s):	
Trustee(s):	
Beneficiaries:	
Percentage of Equity Owned by Filer:	
Income (Filer Only):	

15: Business and Charitable Trust Assets

Report all **SECURITIES** and other **INVESTMENTS**, with a fair market value in excess of \$1,000, held in a **BUSINESS** or **CHARITABLE TRUST(S)** and beneficially owned by you and/or an **IMMEDIATE FAMILY** member as of December 31, 2014. You are not required to disclose the address of a property held in the **BUSINESS** or **CHARITABLE TRUST(S)** if it is the same as your current home address. Where applicable, you should answer this portion of the question with "Home Address." Please review the Instructions which detail the information that should be disclosed.

Not Applicable

Name of Trust:	
Name of Issuer:	
Description of Security:	
Address of Real Estate Held in the Trust:	

16: Family Trust Assets

Report all **SECURITIES** and other **INVESTMENTS**, with a fair market value in excess of \$1,000, held in a **FAMILY TRUST** and beneficially owned by you and/or an **IMMEDIATE FAMILY** member as of December 31, 2014. If your home is held in a **FAMILY TRUST**, report details on the property in Question 22 if it is located in Massachusetts. You are not required to disclose your current home address. Where applicable, you should answer this portion of the question with "Home Address." Please review the Instructions which detail the information that should be disclosed.

Not Applicable

Beneficiaries (Filer or Immediate Family Members Only):	
Name of Issuer:	
Description of Security:	
Address of Real Estate Held in the Trust:	

17: Realty Trusts

If you and/or an **IMMEDIATE FAMILY** member had a beneficial ownership interest or served as a trustee of a **REALTY TRUST** as of December 31, 2014, you need to answer this question. You are not required to disclose the address of the **REALTY TRUST** if it is the same as your current home address. Where applicable, you should answer this portion of the question with "Home Address." Please review the Instructions which detail the information that should be disclosed.

Not Applicable

Name of Trust:	
Address:	
Date Trust Created:	
Name of Grantor(s):	
Trustee(s):	
Beneficiaries (Filer or Immediate Family Members Only):	
Percentage of Equity Owned (Filer Only):	

18: Realty Trust: Real Property Assets

Report all real property held in a **REALTY TRUST** and beneficially owned by you and/or an **IMMEDIATE FAMILY** member as of December 31, 2014. You are not required to disclose the address of the **REALTY TRUST** if it is the same as your current home address. Where applicable, you should answer this portion of the question with "Home Address." Please review the Instructions which detail the information that should be disclosed.

 Not Applicable

Name of Trust:	
Address of Property Held in Trust:	
Description of Property Held in Trust:	
Assessed Value (Filer Only) (Massachusetts Property Only):	
Record Owner(s) (Name(s) on Deed):	
Net Income (Filer Only):	

19: Business, Charitable and Realty Trusts: Mortgage Obligations

Report all mortgages, including home equity and reverse mortgage loans, as of December 31, 2014, on any property held in a **BUSINESS, CHARITABLE** or **REALTY TRUST** and disclosed in response to Question 15 and/or 18. You are not required to disclose the address of a **BUSINESS, CHARITABLE** or **REALTY TRUST** if it is the same as your current home address. Where applicable, you should answer this portion of the question with "Home Address." Please review the Instructions which detail the information that should be disclosed.

 Not Applicable

Name of Trust:	
Address of Property:	
Creditor Name:	
Creditor Address:	
Original Amount Borrowed (Filer Only):	
Amount Owed (Filer Only):	
Interest Rate:	
Year Mortgage Due or Terminated:	

20: Business, Charitable, Family and Realty Trusts: Purchases/Transfers of Property in Massachusetts Only

Report all purchases by and/or transfers to any **BUSINESS, CHARITABLE, FAMILY** and/or **REALTY TRUST** of property located in Massachusetts which occurred at any time during 2014.

 Not Applicable

Address of Property:	
Description of Property Held in Trust:	
Name and Address of Seller or Transferor:	

21: Business, Charitable, Family and Realty Trusts: Sales/Transfers of Property in Massachusetts Only

Report all sales and/or transfers by any **BUSINESS, CHARITABLE, FAMILY** and/or **REALTY TRUST** of property located in Massachusetts which occurred at any time during 2014. You are not required to disclose the name of your spouse or any dependent child(ren). Where applicable, you should answer this portion of the question by indicating the relationship, e.g., "Filer and Child(ren)," "Spouse," "Spouse and Child(ren)" or "Child(ren)."

 Not Applicable

Address of Property:	
Description of Property Held in Trust:	
Name and Address of Purchaser or Transferee:	

22: Real Property Owned in Massachusetts

Identify any real property in Massachusetts with an assessed value in excess of \$1,000, in which you and/or an **IMMEDIATE FAMILY** member held an interest as of December 31, 2014. **EXCLUDE:** Out-of-state property or property located in Massachusetts held for business or rental purposes. You are not required to disclose your current home address. Where applicable, you should answer this portion of the question with "Home Address." You are not required to disclose the name of your spouse or any dependent child(ren). Where applicable, you should answer this portion of the question by indicating the relationship, e.g., "Filer and Child(ren)," "Spouse," "Spouse and Child(ren)" or "Child(ren)."

 Not Applicable

Address:	Home Address
Description of Property:	Residence
Person(s) Holding Interest:	Filer and Spouse
Assessed Value (Filer Only):	\$100,001 or more

23: Business, Investment and Rental Properties

Identify any real property with an assessed value in excess of \$1,000 as of December 31, 2014, regardless of location, including time-sharing arrangements, held for business, investment or rental purposes, in which you and/or an **IMMEDIATE FAMILY** member had a direct or indirect interest. Property held in a **REALTY TRUST** should be reported in Question 18. **EXCLUDE:** Properties held primarily for personal or family use. You are not required to disclose the name of your spouse or any dependent child(ren). Where applicable, you should answer this portion of the question by indicating the relationship, e.g., "Filer and Child(ren)," "Spouse," "Spouse and Child(ren)" or "Child(ren)."

 Not Applicable

Address:	
Description of Property:	
Person(s) Holding Interest:	
Assessed Value (Filer Only):	
Net Income (Filer Only):	

24: Real Property Purchases

Identify any real property located in Massachusetts which was purchased by or otherwise transferred to you and/or an **IMMEDIATE FAMILY** member at any time during 2014. Purchases of property held in a **BUSINESS, CHARITABLE, FAMILY** and/or **REALTY TRUST** should be reported in Question 20. You are not required to disclose your current home address. Where applicable, you should answer this portion of the question with "Home Address." You are not required to disclose the name of your spouse or any dependent child(ren). Where applicable, you should answer this portion of the question by indicating the relationship, e.g., "Filer and Child(ren)," "Spouse," "Spouse and Child(ren)" or "Child(ren)."

 Not Applicable

Address:	
Description of Property:	
Name and Address of Seller or Transferor:	

25: Real Property Sales

Identify any real property located in Massachusetts which was sold by or otherwise transferred from you and/or an **IMMEDIATE FAMILY** member at any time during 2014. Sales of real property held in a **BUSINESS, CHARITABLE, FAMILY** and/or **REALTY TRUST** should be reported in Question 21. You are not required to disclose the name of your spouse or any dependent child(ren). Where applicable, you should answer this portion of the question by indicating the relationship, e.g., "Filer and Child(ren)," "Spouse," "Spouse and Child(ren)" or "Child(ren)."

 Not Applicable

Address:	
Description of Property:	
Name and Address of Purchaser or Transferee:	

26: Mortgage Information

Identify all mortgages, including home equity and reverse mortgage loans, in excess of \$1,000, outstanding on December 31, 2014, for which you and/or an **IMMEDIATE FAMILY** member were obligated. If the mortgage loan was for your current home, exclude the original **AMOUNT** borrowed or owed. You are not required to disclose your current home address. Where applicable, you should answer this portion of the question with "Home Address." For an **IMMEDIATE FAMILY** member, do not report the **AMOUNTS** borrowed and owed.

 Not Applicable

Address of Property:	
Creditor Name:	
Creditor Address:	
Original Amount Borrowed (Filer Only):	
Amount Owed (Filer Only):	
Interest Rate:	
Year Mortgage Due or Terminated:	

27: Mortgage Receivable Information

Identify any real property located in Massachusetts on which you and/or an **IMMEDIATE FAMILY** member held a mortgage as of December 31, 2014. Also identify any real property located out-of-state which was held for business or rental purposes on which you and/or an **IMMEDIATE FAMILY** member held a mortgage as of December 31, 2014. Report the name and address of the mortgagee (the person obligated to you and/or an **IMMEDIATE FAMILY** member) and the assessed value by category. If the mortgage is held only by an **IMMEDIATE FAMILY** member, do not report the assessed value of the property. EXCLUDE: Mortgages on out-of-state property if the property is held primarily for personal or family use.

 Not Applicable

Address:	
Description of Property:	
Name of Mortgagee:	
Mortgagee's Address:	
Assessed Value (Filer Only):	

28: Other Creditor Information

Identify each debt, loan or other liability, including mortgage(s), home equity and reverse mortgage loans on property located out-of-state, in excess of \$1,000, owed by you and/or an **IMMEDIATE FAMILY** member as of December 31, 2014. You must report the loan collateral, which is the property assigned to guarantee payment. EXCLUDE: Any liability of \$1,000 or less; installment loans (cars, household effects, etc.); educational loans; medical and dental debts; credit card purchases (other than cash advances); support or alimony obligations; debts owed to a spouse or **CLOSE RELATIVE**; and debts incurred in the ordinary course of a **BUSINESS**. Please review the Instructions which detail the information that should be disclosed.

 Not Applicable

Creditor Name:	
Creditor Address:	
Original Amount Borrowed (Filer Only):	
Amount Owed (Filer Only):	
Interest Rate:	
Year Due or Terminated:	
Loan Collateral:	

29: Debts Forgiven

Identify each creditor who at any time during 2014 forgave any indebtedness in excess of \$1,000 owed by you and/or an **IMMEDIATE FAMILY** member. **EXCLUDE:** Any debts forgiven by a spouse, a **CLOSE RELATIVE** or the spouse of a **CLOSE RELATIVE**.

Not Applicable

Creditor Name:	
Address:	
Amount Forgiven (Filer Only):	

30: Certification

I, Charles D. Bahr, certify under the pains and penalties of perjury that:
(Signature)

- I made a diligent effort to obtain the required information concerning myself and my **IMMEDIATE FAMILY MEMBER(S)**; and
- The information provided on this form and any attachments is true and complete, to the best of my knowledge.

Submitted 5/22/15
(Date)

The following **IMMEDIATE FAMILY** member(s) declined to disclose information which is necessary to complete this form fully and accurately. You are not required to disclose the name of your spouse or any dependent child(ren). Where applicable, you should answer this portion of the question by indicating the relationship, e.g., "Spouse," "Spouse and Child(ren)" or "Child(ren)."

The following are the specific question(s) for which information could not be obtained from an **IMMEDIATE FAMILY** member(s):

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 his duties or to receive compensation from public funds unless he has filed a Statement of Financial Interests with the Commission. The Commission will notify your agency head immediately if you fail to timely file.
2. You must submit an original Statement of Financial Interests to complete the filing. If you are filing by mail and want a receipt, you must file an original, a copy and a self-addressed stamped envelope. If you are filing in person and want a receipt, you must file an original and a copy. The Commission will date-stamp and return the copy to you as proof of filing. The Commission does not accept faxed or electronic copies of the Statement of Financial Interests for filing.
3. Please check to see that you have answered every question. If a question is not applicable or the answer is none, you must check the "Not Applicable" box.
4. If you were required to amend your Statement of Financial Interests last year, we encourage you to carefully review your 2013 filing before submitting your Statement of Financial Interests for 2014.

ATTACHMENT A

Question 5: Employment and Other Associations with Business and Non-Governmental Entities (Including Non-Profit Organizations) – Governor Charles D. Baker and Spouse

Name	Address	Position Held	Filer/Immediate Member of Family	Status	Gross Income
CBDI Partners, LLC	2711 Centerville Road, Suite 400, Wilmington, DE 19808	Owner	Filer	Active	\$0
CBDII Partners, LLC	255 State Street, 7 th Floor, Boston, MA 02109	Owner	Filer	Active	\$100,001+
TearScience	5151 McCrimmon Parkway, Suite 250, Morrisville, NC 27560	Board Member	Filer	Resigned	\$0
Oscar Health Insurance	295 Lafayette Street, New York, NY 10012	Board Member	Filer	Resigned	\$0
Mulberry Health Inc.	295 Lafayette Street, New York, NY 10012	Board Member	Filer	Resigned	\$0
Phoenix Charter Academy Network	15 Union Street, Lawrence, MA 01841	Board Member	Filer	Resigned	\$0
Oceans Holdings, LLC	One Lakeshore Drive, Suite 1000, Lake Charles,	Board Chair	Filer	Resigned	\$100,001 +

Question 5: Employment and Other Associations with Business and Non-Governmental Entities (Including Non-Profit Organizations) – Charles D. Baker and Family

	LA 70629				
Healthview Services	150 Andover Street, Danvers, MA 01923	Board Member	Filer	Resigned	\$0
MedVentive	One Post Street San Francisco, CA 94104	Former Board Member	Filer	Resigned	\$5,001 to \$10,000
Marian Court College	35 Littles Point Road, Swampscott, MA 01907	Trustee/volunteer	Spouse	Active	\$0
Burke's Tumbling Academy	21 Elm Place, Swampscott, MA 01907	Employee	Spouse	Active	\$1,001 to \$5,000
American Red Cross of Massachusetts	139 Main Street Cambridge, MA 02142	Board Member	Spouse	Active	\$0
Massachusetts Association for Mental Health	130 Bowdoin Street Suite 309 Boston, MA 02108	Advisory Board Member	Spouse	Active	\$0

ATTACHMENT B

Question 13: Securities and Investments – Charles D. Baker and Spouse

Name of Issuer Description of Security Principal Place of Business Owner	Oceans Holdings LLC Stock New Orleans, LA Filer
Name of Issuer Description of Security Principal Place of Business Owner	Coca Cola Company Stock Atlanta, GA Filer and Spouse
Name of Issuer Description of Security Principal Place of Business Owner	Interpublic Group Stock New York, NY Filer and Spouse
Name of Issuer Description of Security Principal Place of Business Owner	Loomis Sayles Strategic Income Fund Mutual fund Boston, MA Filer and Spouse
Name of Issuer Description of Security Principal Place of Business Owner	Oppenheimer Rochester High Yield Municipal Fund Mutual fund New York, NY Filer and Spouse
Name of Issuer Description of Security Principal Place of Business Owner	Templeton Global Total Return Fund Mutual fund San Mateo, CA Filer and Spouse
Name of Issuer Description of Security Principal Place of Business Owner	Western Asset Intermediate Municipal Fund Closed-end fund Baltimore, MD Filer and Spouse
Name of Issuer Description of Security Principal Place of Business Owner	Industrial Income Trust Real estate investment trust Denver, CO Filer and Spouse

Question 13: Securities and Investments – Charles D. Baker and Family

Name of Issuer Description of Security Principal Place of Business Owner	WP Carey Inc Stock New York, NY Filer and Spouse
Name of Issuer Description of Security Principal Place of Business Owner	Arsenal Beauty LLC Real estate investment trust Watertown, MA Filer
Name of Issuer Description of Security Principal Place of Business Owner	Mulberry Health Inc. Stock Options New York, NY Filer
Name of Issuer Description of Security Principal Place of Business Owner	OGS Investments, LLC Membership Chantilly, VA Filer
Name of Issuer Description of Security Principal Place of Business Owner	L2, Inc. Stock New York, NY Filer
Name of Issuer Description of Security Principal Place of Business Owner	Fidelity Puritan Fund Mutual Fund Boston, MA Spouse
Name of Issuer Description of Security Principal Place of Business Owner	Fidelity Value Fund Mutual Fund Boston, MA Spouse