



FOR OFFICIAL USE ONLY

When properly stamped, this will constitute receipt of your filing for Calendar Year 2020.

CITY OF BOSTON
STATEMENT OF FINANCIAL INTERESTS FOR CALENDAR YEAR 2020

(January 1, 2020 - December 31, 2020)

You are required to answer all questions to the best of your knowledge. If your answer to any question is “none” or if any questions are not applicable to you, check “NOT APPLICABLE” in the space provided. TYPE OR PRINT LEGIBLY IN BLACK INK. If you need more space to answer any questions, attach a separate sheet of paper.

Whenever a question calls for AMOUNT or INCOME, please insert the letter symbol corresponding to the correct category as follows:

- | | | |
|------------------------|-------------------------|--------------------------|
| A - \$1,001 to 5,000 | D - \$20,001 to 40,000 | G - \$100,001 to 200,000 |
| B - \$5,001 to 10,000 | E - \$40,001 to 60,000 | H - \$200,001 to 300,000 |
| C - \$10,001 to 20,000 | F - \$60,001 to 100,000 | I - \$300,001 or more |

1. REPORTING DATA:

Complete and check as many of the following items as apply to you.

Name of Reporting Person:
 Last _____ First _____ Middle _____

Mailin address:
 Stree [redacted] _____ City _____ State _____ Zip [redacted] _____

Office or Business Telephone Number _____

Name of Spouse if he or she resides in your household _____ Not Applicable

2.

- a. I served as a DESIGNATED PUBLIC EMPLOYEE for thirty days or more in Calendar Year 2020.
- b. I became a DESIGNATED PUBLIC EMPLOYEE after January 1, 2020.
- c. I was not a DESIGNATED PUBLIC EMPLOYEE in Calendar Year 2020.

3. DESIGNATED POSITIONS: REASONS FOR FILING

If you checked either a. or b., identify each position you held as a DESIGNATED PUBLIC EMPLOYEE from January 1, 2020 to the present and report AMOUNT OF INCOME derived from each position in Calendar Year 2020.

Agency in Which You Serve(d)	Your Position	Dates of Employment In Your Position	Amount of Income For Calendar Year 2020 <i>(use letter symbol)</i>

4. OTHER GOVERNMENT POSITION(S)

Identify any other government position(s) held by you or YOUR SPOUSE in any federal, state, county, district or municipal agency, compensated or uncompensated, full or part-time in Calendar Year 2020.

Name of Government Entity	Position Held	FILER OR SPOUSE	Income (FILER ONLY) <i>(use Letter symbol)</i>
Not Applicable <input type="checkbox"/>			

5. EMPLOYMENT AND OTHER ASSOCIATION WITH BUSINESS AND NON GOVERNMENTAL ENTITIES (INCLUDING NON-PROFIT ORGANIZATIONS)

Identify each BUSINESS with which you and/or YOUR SPOUSE were associated in Calendar Year 2020 as an employee, or as a partner, proprietor, officer, director, or in any similar managerial capacity, full or part-time, compensated or uncompensated. Employment or Association with TRUSTS is covered in Question 12.

Name and Address of BUSINESS	Position Held	FILER OR SPOUSE	Gross Income (FILER ONLY) <i>(use letter symbol)</i>
Not Applicable <input type="checkbox"/>			

6. BUSINESS OWNERSHIP/EQUITY

Identify any BUSINESS, the EQUITY of which you and/or YOUR SPOUSE owned more than 1% during Calendar Year 2020.

Name and Address of Business	Percent Owned (FILER ONLY)
Not Applicable <input type="checkbox"/>	

7. TRANSFER OF BUSINESS OWNERSHIP / EQUITY INTERESTS

Identify any EQUITY in a BUSINESS (reported in Question 5 or 6) with which you are associated which you transferred to YOUR SPOUSE during Calendar Year 2020.

Name of Business	Description of Equity
Not Applicable <input type="checkbox"/>	

8. LEAVES OF ABSENCE

Identify any BUSINESS with which you (not YOUR SPOUSE) were previously associated and with which you had understanding in Calendar Year 2020 with regard to employment at any time in the future.

Name of Business	Description of Equity
Not Applicable <input type="checkbox"/>	

9. GIFTS, HONORARIA and REIMBURSEMENTS

Identify any GIFTS, HONORARIA and REIMBURSEMENTS received by you or YOUR SPOUSE during Calendar Year 2020.

Name of Source	Address	Affiliation (if applicable)	Value (FILER ONLY)	Recipient	Nature of Services or other consideration given in exchange
9A. Gifts					
Not Applicable <input type="checkbox"/>					

9B. Honoraria					
Not Applicable <input type="checkbox"/>					

9C. Reimbursement					
Not Applicable <input type="checkbox"/>					

10. STATE OR LOCAL GOVERNMENT SECURITIES

Identify each SECURITY, with a fair market value of \$1,000 or more, issued by the Commonwealth, any public agency or municipality owned by you or YOUR SPOUSE and report any INCOME received by you in Calendar Year 2020 in excess of \$1,000.

Name of Issuer	Description of Security	INCOME (Filer Only) (use letter symbol)
Not Applicable <input type="checkbox"/>		

11. SECURITIES AND INVESTMENTS

Identify all SECURITIES and other INVESTMENTS with a FAIR MARKET VALUE greater than \$1,000 beneficially owned by you and/or YOUR SPOUSE for any part of Calendar Year 2020. To report SECURITIES and INVESTMENTS held in a TRUST, see Question 12.

Name of Issuer	Description of SECURITY	Principal Business or State of Incorporation	FILER or SPOUSE
Not Applicable <input type="checkbox"/>			

12. TRUSTS

Each of the following Questions (12A - 12G) is concerned with a specific of the interests held by you or YOUR SPOUSE in a Trust as of January 1, 2020. Please respond to each Question, including those which do not apply by checking “not applicable”. Attach additional pages if necessary. Please review the instructions, which detail what, should be disclosed.

12A. CREATION OF BUSINESS AND CHARITABLE TRUSTS

Name, Date and Address of Trust	Name of Grantor(s)	Trustee(s)	Beneficiaries (FILER or SPOUSE)	Percent of EQUITY Owned (FILER ONLY)	INCOME (FILER ONLY) (use letter symbol)
Not Applicable <input type="checkbox"/>					

12B. BUSINESS AND CHARITABLE TRUST HOLDINGS

Respond to this question only if you or YOUR SPOUSE had a beneficial interest.

Name of Trust	Holdings (Describe Investments such as Stock, Bonds, etc.)
Not Applicable <input type="checkbox"/>	

12C. FAMILY TRUSTS

Beneficiaries (FILER or SPOUSE)	Holdings (Describe Investments such as Stock, Bonds, etc.)
Not Applicable <input type="checkbox"/>	

12D. CREATION OF REALTY TRUSTS

Name, Date and Address of Trust	Name of Grantor(s)	Name of Trustee(s)	Beneficiaries (FILER or SPOUSE)	Percent Equity Owned (FILER ONLY)
<p>Not Applicable <input type="checkbox"/></p>				

12E. REALTY TRUSTS: REAL PROPERTY

HOLDINGS Report property holdings as of January 1, 2020

Name of Trust	Address and Description of Property Held in Trust	Assessed Value (FILER ONLY) (MA Property Only) (use letter symbol)	Record Owner(s) (Name(s) on deeds)
<p>Not Applicable <input type="checkbox"/></p>			

<p>Aggregate Net Rent Income per tax returns (use letter symbol) Not Applicable <input type="checkbox"/></p>
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12F. REALTY TRUSTS: MORTGAGE OBLIGATIONS

Report mortgage obligations as of December 31, 2020. If your primary residence is held in TRUST, report only the address, name and address and creditor, and the terms of repayment.

Address of Property	Creditor Name and Address	Original AMOUNT Borrowed (FILER ONLY) (use letter symbol)	AMOUNT Owed (FILER ONLY) (use letter symbol)	Terms of repayment, Interest Rate and Year Due
Not Applicable <input type="checkbox"/>				

12G. REALTY TRUSTS: TRANSFERS OF PROPERTY (IN MASSACHUSETTS ONLY)

Report all transfers of property, which occurred during Calendar Year 2020.

Address of Property	Description of Property	Name and Address of Purchaser, Seller Transferee or Transferor
Not Applicable <input type="checkbox"/>		

13. REAL PROPERTY

Each of the following questions (13A - 13D) is concerned with a specific aspect of the ownership of real property. For instructions concerning property held in REALTY TRUSTS, see Question 12.

13A. REAL PROPERTY OWNED IN MASSACHUSETTS

Identify any real property in Massachusetts with an assessed value greater than \$1,000 in which you and/or YOUR SPOUSE held an INTEREST as of December 31, 2020. Exclude out-of-state primary residence, and properties held for investments or rental purposes.

Address of Property	Description of Property	Person Holding Interest	Record Owner(s)	Assessed Value (use letter symbol)
Not Applicable <input type="checkbox"/>				

13B. INVESTMENT AND RENTAL PROPERTIES

Identify any real property in Massachusetts or out-of-state including time-sharing arrangements, with an assessed value of \$1,000 or more, held for investment or rental purposes, which you and/or YOUR SPOUSE had a DIRECT OR INDIRECT FINANCIAL INTEREST as of December 31, 2020. Properties held in a REALTY TRUST should be reported in Question 12.

Address of Property	Description of Property	Person Holding Interest	Record Owner(s)	Assessed Value (FILER ONLY) (use letter symbol)
Not Applicable <input type="checkbox"/>				

13C. REAL PROPERTY TRANSFERS

Identify any of the real properties in Massachusetts reported in Question 13A or 13B, which were purchased, sold, or otherwise transferred to or from you and/or YOUR SPOUSE at any time during Calendar Year 2020.

Address of Property	Description of Property	Name and Address of Purchaser, Seller, Transferee, or Transferor
Not Applicable <input type="checkbox"/>		

13D. MORTGAGE LOAN INFORMATION

Identify each mortgage loan including second mortgage loans and home equity loans in excess of \$1,000 outstanding on December 31, 2020 for which you or YOUR SPOUSE was obligated. For filer’s primary residence, report only the name and address of the creditor and the terms of repayment. You need not report the original AMOUNT borrowed or owed. For investments and rental properties report the current amount outstanding, the original amount of the mortgage, the annual interest rate and the year the mortgage is due.

Address of Property	Creditor Name and Address	Original AMOUNT Borrowed (FILER ONLY) (use letter symbol)	AMOUNT Owed (FILER ONLY) (use letter symbol)	Terms of Repayment Interest Rate, and Year Due
Not Applicable <input type="checkbox"/>				

14. MORTGAGE RECEIVABLE INFORMATION

Identify each parcel of real estate on which you and/or YOUR SPOUSE held a mortgage and report the name and address of the issuer, i.e., the person obligated to you in Calendar Year 2020 and the assessed value.

Address of Property	Description of Property	Name and Address of Issuer	Assessed Value (FILER ONLY) (use letter symbol)
Not Applicable <input type="checkbox"/>			

15. OTHER CREDITOR INFORMATION

Identify each debt, loan or other liability in excess of \$1,000 owed by you and/or YOUR SPOUSE on December 31, 2020. You must report the loan collateral, which is the property (including insurance policies used to guarantee a loan) assigned to guarantee payment of funds. Certain personal and business loans are excluded.

Creditor Name and Address	Original AMOUNT (FILER ONLY) (use letter symbol)	AMOUNT Owed (FILER ONLY) (use letter symbol)	Terms of Repayment, Interest Rate and Year Due	Loan Collateral
Not Applicable <input type="checkbox"/>				

16. DEBTS FORGIVEN

Identify each creditor who during Calendar Year 2020 forgave indebtedness in excess of \$1,000 owed by you or YOUR SPOUSE. Certain loans are excluded.

Name of Creditor	Address	AMOUNT Forgiven (FILER ONLY) (use letter symbol)
Not Applicable <input type="checkbox"/>		

17. STATUS DURING FISCAL YEAR: OPTIONAL QUESTION

If at any time during the Fiscal Year 2020 you were retired or a full-time student, please indicate:

- Retired
- Full-time Student

18. CERTIFICATIONS

1. Did anyone identified in your replies to Question 1 decline to disclose to you information which is necessary for you to complete this Statement fully and accurately? _____ (yes or no)

If yes, identify by number the specific Question(s) to which answers were declined by YOUR SPOUSE:

2. Complete the following;

I hereby certify that:

I made a reasonably diligent effort to obtain reportable information concerning my SPOUSE, and the information contained on this form and on all continuation sheets attached hereto is true and complete, to the best of my knowledge.

Signed under the pains and penalty of dismissal,

Michelle Wu

(Signature)

(Date)

FAXED SFI's WILL NOT BE ACCEPTED