

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

RECEIVED  
 STATE ETHICS COMMISSION  
 2013 MAY - 7 AM 10:04

**STATEMENT OF FINANCIAL INTERESTS FOR CALENDAR YEAR 2012**

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:  | Debra A. Tosti               |  |
| Current Home Address:  | [REDACTED]                   |  |
| City:  | [REDACTED]                   |  |
| State:   | [REDACTED]                   |  |
| Zip:   | [REDACTED]                   |  |
| Home Phone:  | [REDACTED]                   |  |
| Office Phone:  | 617-727-4610 ext 2206 / 2241 |  |
| Office E-mail:   | Debra.tosti@state.ma.us      |  |
| 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 checked="" type="checkbox"/> Not Applicable |

**2: Candidate:** I am a candidate for the following office:

|         |    |
|---------|----|
| Office: | NA |
|---------|----|

**3: Positions Held** *refer to attachment*

This question indicates the reason you are required to file a Statement of Financial Interests and **must be completed**. Identify each position you held in 2012 or now hold as a **PUBLIC OFFICIAL** or **DESIGNATED PUBLIC EMPLOYEE** and report the **AMOUNT of INCOME**, by category, derived from each position in 2012. If you did not earn any **INCOME** in any such position in 2012, complete the question, but check the "Income Not Applicable" box. For **AMOUNT** categories, see Instructions page 24.

|                                  |   |  |
|----------------------------------|---|--|
| Agency in which you serve(d):    | Department of Public Health, Tenksbury Hospital                   |  |
| Your Position:                   | Chief Operating Officer, Intekimcheffete, Chief Executive Officer |  |
| Start Date:                      |   |  |
| End Date if applicable:          | Please refer to utterance attachment for question #3              |  |
| Amount of Income Earned in 2012: | <input type="checkbox"/> Income Not Applicable for 2012           |  |

**4: Other Government Position(s)**

Identify any other government position(s) held in 2012 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:      | Keefe Vocational School Committee |
| Position Held:                    | Member of School Committee        |
| Filer or Immediate Family Member: | Spouse: [REDACTED]                |
| Income (Filer Only):              | Volunteer - no income dependent   |

**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 2012 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:                 | MetroWest Medical Center           |
| Address:                          | Lincoln St Fram. Mass 01702        |
| Position Held:                    | CHAIR PERSON OF Board of Directors |
| Filer or Immediate Family Member: | Debra A. Tosti                     |
| Gross Income (Filer Only):        | None - Volunteer Capacity          |

**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 2012.

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 2012. 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 2012 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 2012.

Not Applicable

|  |                                     |
|--|-------------------------------------|
| Name of Source:                        | Methuennet Medical Center           |
| Address of Source:                     | Riverbend Street Fram MA 01702      |
| Affiliation of Source:                 | Vanguard                            |
| Individual Giving on Behalf of Source: | Andrei Soraru, CEO                  |
| Recipient:                             | Debra Tost                          |
| Value (Filer Only):                    | Xmas, Candy 100.00 Eterna Chocolate |

**10: Honoraria**

Identify any HONORARIUM received by you and/or an IMMEDIATE FAMILY member at any time during 2012.

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 2012.

Not Applicable

|                             |   |
|-----------------------------|---|
| Name of Source:             | TENSK HILL Hospital                       |
| Address of Source:          | 365 East Street Tensk Hill MA             |
| Source's Representative:    | CFO; operating budget                     |
| Name and Address of Client: |   |
| Recipient:                  | Debra A. Tost                             |
| Value (Filer Only):         | \$61.20 - per regulations of Commonwealth |

**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, 2012, and report any INCOME received by you at any time from such security in 2012, 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, including the Commonwealth's U-Fund, with a fair market value in excess of \$1,000, beneficially owned by you and/or an IMMEDIATE FAMILY member as of December 31, 2012. To report SECURITIES and INVESTMENTS held in trust, see Questions 14-21. Any INCOME received by you at any time during 2012 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:                           |  |
| 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, 2012, 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, 2012. 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, 2012. 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, 2012, 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, 2012. 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 "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, 2012, 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 "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 2012.

**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 2012. 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, 2012. **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:                     | [REDACTED]                   |
| Description of Property:     | Personal family only cottage |
| Person(s) Holding Interest:  | Debra Josti + [REDACTED]     |
| Assessed Value (Filer Only): | \$ 250,000                   |

**23: Business, Investment and Rental Properties**

Identify any real property with an assessed value in excess of \$1,000 as of December 31, 2012, 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 2012. 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 2012. 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, 2012, 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:                   | [REDACTED]                                    |
| Creditor Name:                         | Bank of America                               |
| Creditor Address:                      | P.O. Box 5170<br>Sierra Valley CA - 9306-5170 |
| Original Amount Borrowed (Filer Only): | 250,000.00                                    |
| Amount Owed (Filer Only):              | 200,000                                       |
| Interest Rate:                         | 6.25  |
| Year Mortgage Due or Terminated:       | 20 yrs / 2028                                 |

also refer to typed addendum

**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, 2012. 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, 2012. 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:                     | [REDACTED]  |
| Description of Property:     | Comments in |
| Name of Mortgagee:           | addendum.   |
| 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, 2012. 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:                         | RTN Federal Union                 |
| Creditor Address:                      | 600 Main Street, Waltham MA 02452 |
| Original Amount Borrowed (Filer Only): | \$ 12,000                         |
| Amount Owed (Filer Only):              | 12,000                            |
| Interest Rate:                         | 6.75                              |
| Year Due or Terminated:                | no end date - would be pay off    |
| Loan Collateral:                       |                                   |



**29: Debts Forgiven**

Identify each creditor who at any time during 2012 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, *Debra Gorte*, certify under the pains and penalties of perjury that:  
(Signature)

- I made a diligent effort to obtain the required information concerning myself and **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 *May 1, 2013*  
(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., "Filer and Child(ren)," "Spouse," "Spouse and Child(ren)" or "Child(ren)."

*NA*

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

*NA*

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:

*NA*

Please explain the basis of your claim of privilege:

*I also submitted an addendum/attachment as a summary*

**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 an SFI with the Commission. The Commission will notify your agency head immediately if you fail to timely file.
2. You must submit an original SFI 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.
3. Please check to see that you 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 SFI last year, we encourage you to carefully review your 2011 SFI before submitting your SFI for 2012.



Addendum for Debra A. Tosti  
Chief Executive Officer at Tewksbury Hospital  
For the State Ethic Commission  
Filing Information for FY 2012

May 1, 2013

The additional information is included to insure that I comply with the guidelines

- Spouse of Debra A. Tosti (filer), [REDACTED] has an educational equity loan of \$12,000.00 with RTN Federal Union, 600 Main Street, Waltham Massachusetts 02452. Interest rate is 6.75.
- Primary Residence of Debra A. Tosti (filer) and spouse [REDACTED] hold a mortgage with the Bank of America P.O. Box 5170 Simi Valley California 93062-5170. The original balance was \$250,000.00 and in FY 12 the balance is \$200,000.00 at an interest rate of 6.25. Mortgage fully due in 2028.
- Seasonal Cottage which is not rented and used by the filer, spouse and immediate family. Creditor is Wells Fargo Bank of North America P.O. Box 14411 Des Moines Iowa 50306-3411. The original loan was for \$100,000.00 and is currently \$42,000.00 at an interest rate of 6.50
- Debra A. Tosti (filer) holds a credit card from the Bank of America Current Balance is \$1,274.00.
- Debra A. Tosti filer and spouse [REDACTED] have savings bonds from previous years. Savings Bonds have not been available for over five years.
- Debra. A Tosti (filer) on my federal tax filing for Fy 2012 \$98,961.35. My State wages in FY 2013 was \$108,085.64

Response to Question #3:

- Debra A. Tosti employment dates at Tewksbury Hospital are:

1991 to present May 1, 2013

|                                |         |              |
|--------------------------------|---------|--------------|
| Chief Operating Officer        | 1/01/06 | \$92,711.00  |
| Acting Chief Executive Officer | 5/20/12 | \$107,354.00 |
| Chief Executive Officer        | 9/9/12  | \$115,845.00 |

Cars/Vehicles in Fy 2012 to current date of May 1, 2013

Debra A. Tosti filer has no car loans. Paid in Full

[REDACTED] daughter of the filer has no car loan. Paid in Full

[REDACTED], spouse of filer has a car loan with a balance of \$800.00