

This form is prepared pursuant to Somerville Ordinance 1997-5, added to the Somerville Code of Ordinances as Chapter 15.

Please note: Any person who is required to file a statement of financial interest pursuant to Massachusetts General Laws, Chapter 268B shall be deemed to have complied with the requirements of Somerville Ordinance 1997-5 if the person files a certified copy of the State report with the Somerville Commission either by the dates required pursuant to said Chapter 268B or the required pursuant to Somerville Ordinance 1997-5, whichever is later.

Filing period January 1, 2006 - December 31, 2006
Name: William A. (Bill) White Jr.
Address: [Redacted]
Telephone: Home: [Redacted]
Work: [Redacted]
Fax: [Redacted]

Candidate for, or, Office/Position Held: Alderman at Large
Name of Spouse and/or any dependent children residing in your household: [Redacted]

Suggestion: Please read through the entire form before inserting information. Do not hesitate to contact the City Solicitor's Office for assistance at (617) 625-6600, ext. 4400.

STATEMENT OF FINANCIAL INTERESTS

DEFINITIONS

Please refer to the ordinance for a comprehensive list of definitions.

Amount: Whenever this form asks for an "amount", the reply may be a category of value, as follows:

- Greater than \$1,000.00 but not more than \$5,000.00;
Greater than \$5,000.00 but not more than \$10,000.00;
Greater than \$10,000.00 but not more than \$20,000.00;
Greater than \$20,000.00 but not more than \$40,000.00;
Greater than \$40,000.00 but not more than \$60,000.00;
Greater than \$60,000.00 but not more than \$100,000.00; and
Greater than \$100,000.00.

Business Associate: Any relationship which would appear to be a business association to an objective, reasonable person, regardless of the formal relationship, including any fee splitting arrangement.

Honoraria: Payment for services which is not customarily subject to a set price such as making a speech.

Immediate Family: "Immediate family" includes a spouse and any dependent children residing in the reporting person's household.

Relative: Relative means any person related within the third degree of consanguinity or affinity. Third degree of consanguinity or affinity means your or your spouses' parent, child, grandparent, sibling, grandchild, great grandparent, uncle, aunt, niece, nephew or great grandchild. (See attached chart).

DISCLOSURES

Unless otherwise specified, all of the following information must be provided for the reporting person and for that person's immediate family. Attach additional pages if more space is needed.

STATEMENT OF FINANCIAL INTERESTS DISCLOSURE 1A.

1A. Business Associations. State the name and address of each business (defined as any legal entity organized for profit or charitable purposes) in which you or a member of your immediate family is associated; provided, however, that the reporting person need not report an ownership or equity interest in a business in which the reporting person or the reporting person's immediate family owns or otherwise controls five percent or less of the business. Include the nature of your or your family's association with each business and the amount of income received if greater than one thousand dollars (\$1,000.00). SCO § 15-8(A).

Not applicable

Table with 5 columns: BUSINESS NAME AND ADDRESS, INCOME RECEIVED BY, NATURE OF ASSOCIATION, SHARE OF EQUITY, AMOUNT OF ANNUAL INCOME. Row 1: Law Office of William White, 16 Browning Rd, Somerville, MA. Income: You, Immediate family. Amount: \$20,000.00.

STATEMENT OF FINANCIAL INTERESTS DISCLOSURE 1B.

1B. Employment. State the name and address of each business (defined as any legal entity organized for profit or charitable purposes) from which you or your immediate family received a salary. Include the nature of your or your family's association with each business and the amount of income received if greater than one thousand dollars (\$1,000.00). SCO § 15-8(A).

Not applicable

Table with 4 columns: EMPLOYER NAME & ADDRESS, INCOME RECEIVED BY, POSITION, AMOUNT OF ANNUAL INCOME. Row 1: City of Somerville, Highland Ave, Somerville, MA. Position: Alderman at Large. Amount: \$20,000.00.

STATEMENT OF FINANCIAL INTERESTS DISCLOSURE 2.

2. Securities and Investments. List all securities and investments beneficially owned by you or a member of your immediate family with a fair market value of greater than one thousand dollars as of the last date held during the reporting period, and the amount of income from any such security.

Not applicable

Table with 3 columns: SECURITY/INVESTMENT, OWNER OF SECURITY, AMOUNT OF ANNUAL INCOME. Row 1: [Redacted]. Owner: You, Immediate family. Amount: \$40.

STATEMENT OF FINANCIAL INTERESTS DISCLOSURE 3.

3. Certain Credit Obligations. State the name and address of each creditor to whom more than one thousand (\$1,000.00) was owed at any time during the reporting year by you, the original amount owing, the amount outstanding, the general nature of the security pledged for each obligation, and the terms of repayment (the annual interest rate and either the year final repayment is due or in the case of ongoing credit, the frequency of required payments, e.g., monthly).

The following need not be reported:

- a) the original amount and the amount outstanding for a mortgage of your primary residence;
b) the obligations on retail installment transactions, educational loans, medical and dental expenses, debt incurred in the ordinary course of an active ongoing business,
c) alimony or support obligations; and
d) any obligation in which the creditor is related within the third degree of consanguinity or affinity.

SCO § 15-8(C)

Not applicable

Table with 6 columns: CREDITOR, ADDRESS, ORIGINAL AMOUNT, AMOUNT OWING, TERMS RATE/TIME, SECURITY.

STATEMENT OF FINANCIAL INTERESTS DISCLOSURE 4.

4. Reimbursements. State the name and address of the source, and cash value of any reimbursements for expenses aggregating more than one hundred dollars (\$100.00) during the reporting period.

This information need not be reported unless the reimbursor has a direct and substantial interest in a matter before a municipal body. This section shall apply only to those situations that are not in violation of Chapter 268A of the Massachusetts General Laws. SCO § 15-8(D).

Not applicable

Table with 3 columns: REIMBURSER'S NAME & ADDRESS, RECIPIENT, AMOUNT.

STATEMENT OF FINANCIAL INTERESTS DISCLOSURE 5.

5. Donations and Gifts. State the name and address of any donor, and fair market value, if determinable, of any gifts to you or your immediate family aggregating more than one hundred dollars (\$100.00) in the calendar year, if the source of any such gift is a person having a direct interest in any matter before a municipal body.

No such gifts need be reported if the person making the gift is a relative of yours or of any member of your immediate family within the third degree of consanguinity or affinity; and provided further, that this subsection shall apply only to those situations that are not in violation of Chapter 268A of the Massachusetts General Laws. SCO § 15-8(E).

Not applicable

Table with 3 columns: DONOR'S NAME & ADDRESS, RECIPIENT, VALUE.

STATEMENT OF FINANCIAL INTERESTS DISCLOSURE 6.

6. Assessed Value of Real Property. Describe (using the description on your most recent property tax bill), including address and value, all real property (real estate) in which a beneficial interest was held by you which has an assessed value greater than one thousand dollars (\$1,000.00) as of the last date held during the reporting period. If the real property was transferred during the reporting period, state the name and address of the person furnishing consideration to, or receiving it from, you. This information need not be reported if your beneficial interest represents five percent or less of the total interest in the property. SCO § 15-8(F).

Not applicable

Table with 3 columns: PROPERTY ADDRESS, ASSESSED VALUE FROM MOST RECENT TAX BILL, TRANSFEROR/TRANSFEEE (If during reporting period).

STATEMENT OF FINANCIAL INTERESTS DISCLOSURE 7.

7. Honoraria. State the name and address of the source and fair market value of any honoraria received by you or your immediate family aggregating more than one hundred dollars (\$100.00) if the source is a person having a direct and substantial interest in a particular matter before a municipal body. This section shall apply only to those situations that are not in violation of Chapter 268A of the Massachusetts General Laws. SCO § 15-8(G).

Not applicable

Table with 3 columns: NAME AND ADDRESS OF SUBSTANTIAL INTEREST, RECIPIENT, FAIR MARKET VALUE.

STATEMENT OF FINANCIAL INTERESTS DISCLOSURE 8.

8. Forgiven Debts. State the name and address of any creditor who voluntarily forgave a debt of yours during the reporting period of over one thousand dollars (\$1,000.00) and the amount forgiven.

This information need not be provided if the creditor is a relative of yours or of any member of your immediate family within the third degree of consanguinity or affinity. SCO § 15-8(H).

Not applicable

Table with 3 columns: CREDITOR, ADDRESS, AMOUNT FORGIVEN.

STATEMENT OF FINANCIAL INTERESTS DISCLOSURE 9.

9. Leaves of Absence. State the name and address of any business from which you or any member of your immediate family took a leave of absence during the reporting period. SCO § 15-8(I).

Not applicable

Table with 2 columns: BUSINESS NAME AND ADDRESS, PERSON TAKING LEAVE.

STATEMENT OF FINANCIAL INTERESTS DISCLOSURE 10.

10. Transfer of Equity. Identify the equity (defined as any stock or similar ownership interest) in any business with which you or any member of your immediate family is associated that has been transferred to another person during the reporting year. This information need not be provided if the beneficial interest represents five percent or less of the total interest held. SCO § 15-8(J).

Not applicable

Table with 3 columns: EQUITY, OWNER OF EQUITY, RECIPIENT.

STATEMENT OF FINANCIAL INTERESTS DISCLOSURE 11.

11. Commercial or Business Transactions. State the nature, amount, and date of any commercial or business transaction including, but not limited to, loans, worth two hundred and fifty dollars (\$250.00) or more between any municipal official (elected or appointed) and you or a member of your immediate family. SCO § 15-8(K).

Not applicable

Table with 5 columns: NATURE OF TRANSACTION, AMOUNT, ASSOCIATION, NAME OF MUNICIPAL OFFICIAL, DATE.

STATEMENT OF FINANCIAL INTERESTS DISCLOSURE 12.

12. Your or Your Family's Clients/Customers Interests in a Municipal Body. State the name, address and nature of association of any clients and customers of yours or of your immediate family who have a direct and substantial interest in a particular matter before a municipal body.

This information need not be reported if the amount paid, owed or accrued by the client or customer during the reporting period does not exceed two hundred fifty dollars (\$250.00); and provided, further, this subsection shall apply only to those situations that are not in violation of Chapter 268A of the Massachusetts General Laws. SCO § 15-8(L).

Not applicable

Table with 3 columns: CLIENT/CUSTOMER NAME AND ADDRESS, ASSOCIATION, NATURE OF ASSOCIATION AND DESCRIPTION OF SUBSTANTIAL INTEREST.

STATEMENT OF FINANCIAL INTERESTS DISCLOSURE 13.

13. Business Associates' Clients/Customers Interests in a Municipal Body. State the name, address and nature of association of any clients and customers of any business associate of yours or of your immediate family who have a direct and substantial interest in a particular matter before a municipal body.

This information need not be reported if the amount paid, owed or accrued by the client or customer during the reporting period does not exceed two hundred fifty dollars (\$250.00); and provided, further, this subsection shall apply only to those situations that are not in violation of Chapter 268A of the Massachusetts General Laws. SCO § 15-8(M).

Not applicable

Table with 3 columns: BUSINESS ASSOCIATE'S NAME, CLIENT/CUSTOMER'S NAME & ADDRESS, NATURE OF ASSOCIATION AND DESCRIPTION OF SUBSTANTIAL INTEREST.

STATEMENT OF FINANCIAL INTERESTS DISCLOSURE 14.

14. Employees of the City. State the name, address, job title, any change in title, job description or pay, and year of original hire of any relative of yours or of your immediate family who received pay from the city as an employee during the reporting period.

This information need not be reported if the relative is not within the third degree of consanguinity or affinity; and provided further, that any relative who is retired and receiving no pay from the city other than retirement pay for more than six months during the reporting period need not be reported. SCO § 15-8(N).

Not applicable

Table with 4 columns: NAME, ADDRESS AND RELATIONSHIP AND JOB TITLE, SPECIFY ANY CHANGE IN JOB TITLE, JOB DESCRIPTION OR PAY DURING REPORTING PERIOD, DATE OF HIRE.

STATEMENT OF FINANCIAL INTERESTS DISCLOSURE 15.

15. City Contracts. State the name, address, amount of payment received during the reporting period, and year of original agreement of any relative of yours or of your immediate family who received payment from the city as a contractor during the reporting period.

This information need not be reported if the relative is not within the third degree of consanguinity or affinity. SCO § 15-8(O).

Not applicable

Table with 4 columns: NAME, ADDRESS AND RELATIONSHIP OF CONTRACTOR, AMOUNT OF PAYMENT, YEAR OF ORIGINAL AGREEMENT, TYPE OF CONTRACT.

STATEMENT OF FINANCIAL INTERESTS DISCLOSURE 16.

16. Business Associates' City Employment. State the name, address, job title, any change in title, job description or pay, and year of original hire of any relative of any business associate of yours or of your immediate family who received pay from the city as an employee during the reporting period.

This information need not be reported for any person who is retired and receiving no pay from the city other than retirement pay for more than six months during the reporting period. SCO § 15-8(P).

Not applicable

Table with 4 columns: NAME, ADDRESS AND RELATIONSHIP, JOB TITLE, SPECIFY CHANGE IN JOB TITLE, JOB DESCRIPTION OR PAY, DATE OF HIRE.

STATEMENT OF FINANCIAL INTERESTS DISCLOSURE 17.

17. Business Associates' City Contracts. State the name, address, amount of payments received during the reporting period, and year of original agreement of any relative of any business associate of yours or of your immediate family who received payment from the city as a contractor during the reporting period. SCO § 15-8(Q).

Not applicable

Table with 4 columns: NAME, ADDRESS AND RELATIONSHIP TO BUSINESS ASSOCIATE, AMOUNT OF PAYMENT, YEAR OF ORIGINAL AGREEMENT, TYPE OF CONTRACT.

STATEMENT OF FINANCIAL INTERESTS DISCLOSURE 18 & SIGNATURE PAGE

18. Nothing in this Statement of Financial Interests shall be construed to require the disclosure of information which is privileged by law; provided, however, that you include notice that there is information being withheld pursuant to this paragraph and the category such information would have fallen into if it had been reported. SCO § 15-8, last paragraph.

Not applicable

NOTICE OF WITHHELD INFORMATION, INDICATING APPLICABLE QUESTION NUMBER:

I swear under the penalties of perjury that the information in this Statement of Financial Interests, and on any attached pages, is true to the best of my knowledge. I understand that filing a deficient or false Statement of Financial Interests may result in legal action being taken against me.

Signature: [Handwritten Signature] Date: 6/27/07