ID# 116064

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Due By April 26, 2019

RHODE ISLAND ETHICS COMMISSION

40 Fountain Street
Providence, RI 02903
(401) 222-3790

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2018 YEARLY FINANCIAL STATEMENT

To complete and file online visit: www.ethics.ri.gov

ALL QUESTIONS REFER TO THE 2018 CALENDAR YEAR UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO STATE. WE WILL NOT ACCEPT A STATEMENT IF ANY QUESTIONS ARE LEFT BLANK.

ANSWERS SHOULD BE PRINTED OR TYPED. Additional sheets may be used if more space is needed. For clarification of any question, refer to the Instruction Sheet or contact the Ethics Commission.

Note: If you are a state, municipal or regional official or employee, or a candidate for elected office, who is required to file a Yearly Financial Statement, failure to file accurately and on time may subject you to a substantial monetary fine. If you dispute your status as a required filer, you must contact the Ethics Commission prior to the filing deadline. **Upon filing of this form, it will become a public document available for review.**

1. TAYLOR | JAMES | E |
LAST NAME | FIRST NAME | MIDDLE INITIAL | SUFFIX

2. 6 THURSTON STREET | Providence | RI | 02907
MAILING ADDRESS: (STREET OR PO BOX) | (CITY/TOWN) | (STATE) | (ZIP CODE)

3. List any Public Position(s) you held for any length of time in calendar years 2018 or 2019.

N/A
PUBLIC POSITION | MUNICIPALITY, STATE OR REGIONAL ENTITY | DATE ELECTED, APPOINTED OR HIRED | TERMINATION OR RESIGNATION DATE (IF APPLICABLE)

N/A
PUBLIC POSITION | MUNICIPALITY, STATE OR REGIONAL ENTITY | DATE ELECTED, APPOINTED OR HIRED | TERMINATION OR RESIGNATION DATE (IF APPLICABLE)

4. List any elected office (state, municipal or regional) for which you were/are a candidate in either calendar year 2018 or 2019.

Providence Councilman Ward 8 | | 6/2018
ELECTED OFFICE | MUNICIPALITY, STATE OR REGIONAL ENTITY | DATE CANDIDACY DECLARED

5. List full name of spouse if you were married or were a party to a civil union for any part of 2018.

N/A

6. This question has **two parts**, each referring to occupational income received during calendar year 2018.

PART I: Provide a separate answer for each instance in which you, your spouse or dependent child received either $1,000 or more gross income from an employer during 2018; or $1,000 or more gross income through self-employment. Income received from public employment or from service as an elected or appointed official, including stipends, must be disclosed. List the following:

PERSON WHO RECEIVED INCOME	NAME & ADDRESS OF EMPLOYER OR SELF-EMPLOYMENT ENTITY	DATES AND NATURE OF OCCUPATION OR PROFESSION
N/A		

PART II: If you, your spouse or dependent child were self-employed and received more than $250 in gross income for services rendered to a state or municipal agency, list the following:

PERSON WHO RECEIVED INCOME	NAME & ADDRESS OF AGENCY RECEIVING SERVICES	DATES AND NATURE OF SERVICES RENDERED
N/A		

7. List any real estate, wherever located, other than real estate that is used **exclusively** (see instructions) as your principal residence, in which you, your spouse or dependent child had a financial interest during any part of calendar year 2018. If no street address exists, use legal description.

PERSON WITH INTEREST	NATURE OF INTEREST	ADDRESS OR LEGAL DESCRIPTION
N/A		

8. If you, your spouse or dependent child received **any** income as a beneficiary of any trust, list the following:

NAME OF PERSON RECEIVING TRUST INCOME: James Taylor

NAME OF TRUST: James Eubene Cavanagh Trust

TRUSTEE NAME AND ADDRESS: Washington Trust 126 Franklin Street Westerly RI

LIST EACH TRUST ASSET, IF KNOWN, FROM WHICH MORE THAN $1,000 IN GROSS INCOME WAS RECEIVED (ASSET VALUE NEED NOT BE DISCLOSED): Trust Fund Grand Father Stocks

9. If you, your spouse or dependent child held a management position or were a director, officer, partner, or trustee of any business, organization or other entity (for profit or non-profit), list the following:

NAME OF FAMILY MEMBER	NAME & ADDRESS OF ENTITY	POSITION
N/A		

10. If during the 2018 calendar year any person or entity provided you with out-of-state travel valued at over $250, AND you would not have been provided with such travel but for the fact that you held a public office or position, you must list the source, value and description of the travel and related expenses below. Attach additional sheets if necessary.

Out-of-state travel includes all related expenses such as transportation, lodging, meals and entertainment. All of these expenses are considered together when determining whether the $250 limit has been reached. **Exceptions**: You do not have to disclose out-of-state travel that is provided to you either by your regular private employer or by the state or municipal agency of which you are a member or by which you are employed.

NAME AND ADDRESS OF TRAVEL PROVIDER	TRAVEL PURPOSE AND DESTINATION	DESCRIPTION AND COST OR FAIR MARKET VALUE OF EXPENSE (TRANSPORTATION, LODGING, MEALS & ENTERTAINMENT)
N/A		

11. If at any point during calendar year 2018, you, your spouse, or dependent child individually or collectively held a 10% or greater ownership interest, or a $5,000 or greater ownership or investment interest in any business (including holding publicly traded stock in a company), you must list the following (attaching additional sheets if necessary):

NAME OF FAMILY MEMBER	NATURE OF INTEREST	NAME & ADDRESS OF BUSINESS (NO ADDRESS NEEDED FOR PUBLICLY TRADED STOCK HOLDINGS)
N/A		

12. If, during calendar year 2018, any business you listed in Question #11 had one or more business transactions with a state or municipal agency that, collectively, exceeded $250, list the following:

NAME OF BUSINESS	WAS INTEREST IN BUSINESS HELD ALL YEAR? IF NOT, LIST DATE INTEREST ACQUIRED OR DIVESTED	NAME OF STATE OR MUNICIPAL AGENCY TRANSACTING BUSINESS	DATE AND NATURE OF TRANSACTION
N/A			

13. If, during calendar year 2018, any business listed in Question #11 was subject to direct regulation by a state or municipal agency (see instructions for examples of direct regulation), list the following:

NAME OF BUSINESS	WAS INTEREST IN BUSINESS HELD ALL YEAR? IF NOT, LIST DATE INTEREST ACQUIRED OR DIVESTED	NAME OF STATE OR MUNICIPAL AGENCY REGULATING BUSINESS	MANNER IN WHICH BUSINESS IS REGULATED
N/A			

14. This question relates to business interests, acquired or divested AFTER calendar year 2018, **that are regulated by a public agency.** Answer below regarding any businesses in which you, your spouse, or dependent child individually or collectively ACQUIRED or DIVESTED a 10% or greater ownership interest or a $5,000 or greater ownership or investment interest (including holdings of publicly traded stock) AFTER JANUARY 1, 2019 but prior to filing this statement, IF said business was subject to direct regulation by a state or municipal agency. (See instructions for examples of direct regulation.)

NAME OF BUSINESS	NATURE OF INTEREST AND DATE ACQUIRED OR DIVESTED	NAME OF STATE OR MUNICIPAL AGENCY REGULATING BUSINESS	MANNER IN WHICH BUSINESS IS REGULATED
N/A			

15. This question relates to business interests, acquired or divested AFTER calendar year 2018, **that did business with a public agency.** Answer below regarding any business in which you, your spouse, or dependent child individually or collectively ACQUIRED or DIVESTED a 10% or greater ownership interest or a $5,000 or greater ownership or investment interest (including holdings of publicly traded stock) AFTER JANUARY 1, 2019 but prior to filing this statement, IF said business had one or more business transactions with a state or municipal agency that, collectively, exceeded $250.

NAME OF BUSINESS	NATURE OF INTEREST AND DATE ACQUIRED OR DIVESTED	NAME OF STATE OR MUNICIPAL AGENCY TRANSACTING BUSINESS	DATE AND NATURE OF TRANSACTION
N/A			

16. If you, your spouse or dependent child were indebted in an amount in excess of $1,000 to ANY person, business entity, financial institution or other organization, list the name and address of the lender or creditor. You should NOT list: (a) indebtedness to any person related to you, your spouse or dependent child, at any time, within the third degree of consanguinity or affinity (see instructions); or (b) indebtedness that is secured solely by a mortgage of record on real property that is used exclusively as your principal residence, if held by a financial institution regulated by any state or by the United States; or (c) indebtedness to a credit card company.

NAME OF DEBTOR	NAME AND ADDRESS OF LENDER OR CREDITOR
N/A	

I certify under penalty of perjury that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests of myself, my spouse, and my dependent children. I understand that a failure to provide complete and accurate responses to each question is a violation of the law that may result in the imposition of substantial penalties, including fines. I understand that I am subject to the statutory and regulatory provisions of the Rhode Island Code of Ethics (available at www.ethics.ri.gov or by contacting the Ethics Commission) and that I may seek assistance and guidance from the Ethics Commission as to any issues or questions I have relative to my conduct under the Code of Ethics as to the information that must be disclosed on this Financial Statement.

David B. Talan ID#24596
Notary Public
State of Rhode Island
My Commission Expires 06/25/2021

____
SIGNATURE

State of R.I. County of PROVIDENCE

Subscribed and sworn to before me at PROVIDENCE this 3 day of APRIL 2019.

My Commission expires 6/25/21 David B. Talan

SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED OR IF <u>ANY</u> QUESTION IS NOT ANSWERED. (USE "N/A" OR "NONE" WHERE APPROPRIATE.)