Print Form

State of Connecticut
Office of State Ethics
18-20 Trinity Street
Hartford, CT 06106-1660

STATEMENT OF FINANCIAL INTERESTS

DEPARTURE FROM STATE POSITION DURING CALENDAR YEAR 2011

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File this form covering the period of time you held your office or position in 2011. Please be aware that you are still required to file a Statement of Financial Interests for CALENDAR YEAR 2010, NO LATER THAN MAY 1, 2011. If you choose to, you may file this one form covering both time periods.

GENERAL NOTICE TO FILERS

- Instructions for each section are contained at the beginning of each section. Fill in each section with the information required. **If you need additional fields or pages, please photocopy the appropriate pages and attach them to this form.**
- **A person who leaves a position which requires the filing of a Statement of Financial Interests, within thirty days of his or her departure, will be notified by the Office of State Ethics of the requirement to file a Statement of Financial Interests for the portion of the calendar year served. Such person must file the statement within 60 days after receipt of notification from the Office of State Ethics. Conn. Gen. Stat. § 1-83(a)(1).**
- Under Connecticut General Statutes, Section 1–83(d), any individual who is unable to provide information by reason of impossibility may petition the board for a waiver of the requirements.

1. Filer's Personal Information:

First Name:

Middle Initial:

Last Name:

State of Connecticut Phone: ext.:

State of Connecticut E-mail:

2. Spouse Information:

If you do not have a spouse, please check this box: ☐

First Name: _____ MI: ____ Last Name: _____

3. Dependent Children Residing in Filer's Household:

If you do not have dependent children residing in your household, please check this box:

First Name: _____ MI: ____ Last Name: _____

First Name: _____ MI: ____ Last Name: _____

First Name: _____ MI: ____ Last Name: _____

4. Filer's Current State Position:

Please complete Section A or B.

A. Member of the General Assembly:

☐ Senator District No. _____

☐ Representative District No. _____

B. Member of the Executive Branch:

Name of Public or Quasi-Public Agency: _____

Title: _____

5. (If applicable) Filer's Previous State Position(s) (2009/2010): *Please complete this section if you held a different state position during 2009/2010. Please list all other state positions you held in 2009/2010.*

A. Member of the General Assembly:

☐ Senator District No. _____

☐ Representative District No. _____

B. Member of the Executive Branch:

Name of Public or Quasi-Public Agency: _____

Title: _____

INSTRUCTIONS FOR REAL PROPERTY (Section 6)

- List all real property owned by you, your spouse, dependent children residing in your household, or held in the name of a corporation, partnership, or trust for the benefit of you, your spouse or dependent children residing in your household. Please list any property owned, bought or sold at any time during 2009/2010, including any time-share property ownership.

- Include property even if it is subject to a mortgage.

If any individual listed under sections 1, 2 or 3 on page one and two of this form is one of the following:

- A federal court judge, federal court magistrate, judge of the Superior Court, Appellate Court or Supreme Court of the state, or family support magistrate;
- A sworn member of a municipal police department, a sworn member of the Division of State Police within the Department of Public Safety or a sworn law enforcement officer within the Department of Environmental Protection;
- An employee of the Department of Correction;
- An attorney-at-law who represents or has represented the state in a criminal prosecution;
- An attorney-at-law who is or has been employed by the Public Defender Services Division or a social worker who is employed by the Public Defender Services Division;
- An inspector employed by the Division of Criminal Justice;
- A firefighter;
- An employee of the Department of Children and Families;
- A member or employee of the Board of Pardons and Paroles;
- An employee of the judicial branch;
- An employee of the Department of Mental health and Addiction Services who provides direct care to patients; or
- A member or employee of the Commission on Human Rights and Opportunities.

<u>and</u> resides in your household, the Office of State Ethics may not disclose, under section 1-217 of the Freedom of Information Act ("FOIA"), the residential address of any such individual. Please note that business addresses are not exempt from disclosure under FOIA.

If you claim exemption from disclosure of the residential address, pursuant to §1-217 of the FOIA, please check the appropriate box next to each listing of real property. Please note that if you claim the FOIA exemption, you are still required to provide the requested property information

6. Real Property and Location:

If you do not own real property please check this box: ☐

Street: ☐

City: ☐ State: ☐ Zip: ☐

Owner or Beneficiary: ☐

Held Directly: ☐ Yes ☐ No

If the property is not held directly, please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children residing with you. This information is required if the property is not directly held.

Held By: ☐

If you claim exemption from disclosure for this property under FOIA please check this box: ☐

Additional Real Property:

Street: ☐

City: ☐ State: ☐ Zip: ☐

Owner or Beneficiary: ☐

Held Directly: ☐ Yes ☐ No

If the property is not held directly, please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children residing with you. This information is required if the property is not directly held.

Held By: ☐

If you claim exemption from disclosure for this property under FOIA please check this box: ☐

INSTRUCTIONS FOR BUSINESSES WITH WHICH ASSOCIATED (Sections 7 - 10)

- List all businesses with which you, your spouse, children or dependent relatives residing in your household, are associated if:

  The business is a sole proprietorship, partnership, firm, corporation, trust, or other entity through which business for profit or not-for-profit is conducted

  AND

  At any time during 2009/2010, (covering that portion of 2010 in which you held state office), you or a member of your immediate family was a director, officer, owner, limited or general partner, trust beneficiary, or holder of stock constituting five percent or more of the total outstanding stock of any class.

- Do **not** list not-for-profit entities if you, or a member of your immediate family, were an **unpaid** director or officer of the entity.

- For purposes of this section, "Officer" refers only to the president, executive or senior vice-president, or treasurer of a business.

- For purposes of this section, "Trust" means a trust in which, at any time during 2009/2010, you or a member of your immediate family had a present or future interest, which exceeded ten percent of the value of the trust or exceeded fifty thousand dollars, whichever was less. "Trust" does not include a blind trust established by you or a member of your immediate family for the purpose of divestiture of all control and knowledge of assets.

7. Sole proprietorship, partnership, firm, corporation or other business for profit:

If this section does not apply to you, please check this box: ☐

Name of Business: _____

Street: _____

City: _____ State: ____ Zip: _____

Nature of Business: _____

Nature of Interest: _____
(e.g., owner, director, etc.)

Interest Held By: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

Sole proprietorship, partnership, firm, corporation or other business for profit:

Name of Business:

Street:

City: State: Zip:

Nature of Business:

Nature of Interest:
(e.g., owner, director, etc.)

Interest Held By: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

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8. Non-Profit Organizations: (e.g., charity, educational institution, etc.)

If this section does not apply to you, please check this box: ☐

Name of Non-Profit:

Street:

City: State: Zip:

Nature of Business:

Nature of Interest:
(e.g., owner, director, etc.)

Interest Held By: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

Non-Profit Organizations: (e.g., charity, educational institution, etc.)

Name of Non-Profit:

Street:

City: State: Zip:

Nature of Business:

Nature of Interest:
(e.g., owner, director, etc.)

Interest Held By: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

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9. Trusts:

If this section does not apply to you, please check this box: ☐

Name of Trust:

Name of Trustee(s):

Beneficiary: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

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Name of Trust:

Name of Trustee(s):

Beneficiary: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

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INSTRUCTIONS FOR BUSINESS AFFILIATIONS (Section 10)

For purposes of this question, "similar business affiliation" means any association of persons jointly undertaking or owning a commercial enterprise in which there is:

(1) a community of interest among such persons in the performance of the subject matter of such enterprise;

(2) a right by such persons to directly influence the policies, direction and/or governance of the enterprise; and,

(3) a right by such persons to share directly in any profit gained by the enterprise.

10. Business Affiliations:

Are any of the entities disclosed in sections 7 through 9 engaged in a partnership, joint ownership or similar business affiliation with one of the following:

(1) a lobbyist;
(2) a person that the filer knows or has reason to know is doing business with, or seeking to do business with the state;
(3) a person that the filer knows or has reason to know is engaged in activities that are directly regulated by the department or agency in which the filer is employed;
(4) a business in which any person described in items (1), (2) or (3) is a director, president, executive or senior vice president, treasurer, owner, limited or general partner, beneficiary of a trust or holder of more than five percent of the stock of the company.

☐ Yes ☐ No

If the answer to question 10 is **Yes**, please describe the business affiliation.

Description of Business Affiliation:

Name and address of affiliated business:

Type of business affiliation (*e.g.,* partnership, joint ownership, similar business affiliation, etc.):

Date business affiliation was created: _____

INSTRUCTIONS FOR SOURCES OF INCOME (Section 11)

List the name of employer(s) or other source(s) of income in excess of $1,000, including your state salary or wages. Income means all income from whatever source derived, including but not limited to: earned income (such as compensation for services), fees, commissions, salaries, wages, tips, bonuses, gross income derived from business, capital gains, interest, rents, royalties, dividends, annuities, gifts, honoraria, lottery or other gambling winnings, income from the investment portion of life insurance and endowment contracts, pensions, income from discharge of indebtedness or debt forgiveness, assignment or receipt of property interests or rights, distributive share of partnership income, and income from any interest in an estate or trust. The term includes all income items, whether tangible or intangible regardless of whether they are taxable for Federal or State income tax purposes and regardless of whether legally obtained.

For each source of income identified as "gift," the following information should be provided under the Description of Source:

1) the identity and occupation of the donor. If a gift has more than one donor, the filer shall provide the necessary information for each donor;
2) a brief description of a gift.

Please note that political campaign funds, including campaign receipts and expenditures, need not be disclosed for purposes of this section.

11. Sources of Income:

Name of Employer or other Source:

Description of Source:

Recipient: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

Additional Source of Income:

Name of Employer or other Source:

Description of Source:

Recipient: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

Additional Source of Income:

Name of Employer or other Source:

Description of Source:

Recipient: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

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Additional Source of Income:

Name of Employer or other Source:

Description of Source:

Recipient: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

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Additional Source of Income:

Name of Employer or other Source:

Description of Source:

Recipient: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

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Additional Source of Income:

Name of Employer or other Source:

Description of Source:

Recipient: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

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INSTRUCTIONS FOR BLIND TRUSTS (Section 12)

- List the name of the trustee of any **BLIND TRUST** established by you, your spouse, your children or dependent relatives who reside in your household.
- A **BLIND TRUST** is a trust established for the purpose of divestiture of all control and knowledge of assets.

12. Blind Trusts:

If this section does not apply to you, please check this box: ☐

Name of Trustee(s):

Beneficiary: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

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Name of Trustee(s):

Beneficiary: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

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Name of Trustee(s):

Beneficiary: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

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Name of Trustee(s):

Beneficiary: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

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INSTRUCTIONS FOR SECURITIES (Section 13)

- List the name of each security, which had a fair market value in excess of $5,000 at any time during 2009/2010. Include securities owned by you, your spouse or dependent children, or held in the name of a corporation, partnership, or trust for the benefit of you, your spouse or dependent children.
- **Securities include:** stocks, bonds, investment partnerships or trusts (including Real Estate Investment Trusts and stock trusts), hedge funds, investment "pools" or funds (including venture capital funds) and mutual funds. Also included is the right to purchase or own any of the aforementioned securities (i.e., an "option" or "derivative").
- **Securities do not include:** certificates of deposit, bank accounts, or money-market funds

13. Securities:

If you had no interest in securities with a fair market value in excess of $5,000 at any time during 2009/2010, please check this box: ☐

Name of Security:

Owner (or Beneficiary *if held by another):* ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

Held By:
(*e.g., Name of trustee, corporation, etc., if not owned directly)*

Name of Security:

Owner (or Beneficiary *if held by another):* ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

Held By:
(*e.g., Name of trustee, corporation, etc., if not owned directly)*

Name of Security:

Owner (or Beneficiary *if held by another):* ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

Held By:
(*e.g., Name of trustee, corporation, etc., if not owned directly)*

INSTRUCTIONS FOR LEASES AND CONTRACTS WITH THE STATE (Sections 14 - 15)

- **Leases:** For each lease held or entered into between the State and you or a business with which you are associated (as listed in section 7, above), list the following:
  - names of the lessor (i.e. landlord) and the lessee (i.e. tenant)
  - address of the subject property
  - term of the lease, and
  - annual rent

- **Contract:** For each contract held or entered into between the State and you or a business with which you are associated (as listed in section 7, above), list the following:
  - name of the parties
  - term of the contract
  - contract cost or value
  - subject of the contract, and
  - contract identification number

- Please identify the state by the name of the relevant department (i.e. Department of Public Works)

- NOTE: Leases and contracts with quasi-public agencies are not contracts with the State and do not require disclosure. (*See* Advisory Opinion 2002-3).

14. Leases with the State:

If this section does not apply to you, please check this box: ☐

Name of Lessor: _____

Name of Lessee: _____

Property Address

Street: _____

City: _____ State: _____ Zip: _____

Length of Lease: _____

Annual Rent: _____

15. Contracts with the State:

If this section does not apply to you, please check this box: ☐

State Agency:	
Name of Contractor:	
Contract ID#:	
Contract Amount:	
Length of Contract:	
Nature of Contract:	

State Agency:	
Name of Contractor:	
Contract ID#:	
Contract Amount:	
Length of Contract:	
Nature of Contract:	

CERTIFICATION

☐ I have completed the Confidential Addendum form attached, and choose to waive confidentiality. Therefore the Confidential Addendum form may be disclosed.

☐ I have completed the Confidential Addendum form attached, and choose to retain confidentiality. I have therefore submitted such form in a separate sealed envelope with proper identification.

1. I UNDERSTAND that if I fail to file this statement timely and accurately, I may be subject to a penalty of up to $10,000.

2. I UNDERSTAND that all information I provide on the Statement of Financial Interests shall be a matter of public record, and may be disclosed by the Office of State Ethics unless exempt from disclosure by the Freedom of Information Act, Connecticut General Statutes § 1-200 *et. seq.*

3. I UNDERSTAND that if, by reason of impossibility, I am unable to provide the information required by this form, I may petition the Citizen's Ethics Advisory Board for a waiver.

4. I UNDERSTAND that, in addition to this form, I must also complete and submit the attached Confidential Addendum.

5. I CERTIFY, UNDER PENALTY OF FALSE STATEMENT, that this Statement of Financial Interests and Confidential Addendum are a complete and accurate statement of financial interests, as defined by Connecticut General Statutes § 1-83(b)(1), for myself, my spouse and dependent children residing in my household, during the calendar year 2009/2010.

I have read and agree to the above certification.

Signature: _____ Date: _____

Print Name: _____

Please return completed forms to:
Office of State Ethics, 18-20 Trinity Street, Hartford, CT 06106

- **NOTE: If you have any questions regarding the information requested by this form, please contact the Office of State Ethics – Legal Division at 860-263-2400 or sfi.ose@ct.gov .**

CONFIDENTIAL ADDENDUM
to Statement of Financial Interests

INSTRUCTIONS FOR CONFIDENTIAL ADDENDUM

- If you do not waive your right to confidentiality, you must file this Confidential Addendum in a sealed envelope with the following information on the outside of the envelope: **name, position, agency and year. THE ENVELOPE SHOULD BE CLEARLY MARKED "CONFIDENTIAL ADDENDUM."**
- Under Connecticut General Statutes Section 1–83(b)(1)(F), each public official and state employee who files a Statement of Financial Interests for 2009/2010, must disclose the names and addresses of creditors to whom the filer, the filer's spouse or the filer's dependent children, individually, owed debts of more than ten thousand dollars ($10,000).
- YOU MUST COMPLETE THIS ADDENDUM EVEN IF YOU, YOUR SPOUSE AND YOUR DEPENDENT CHILDREN OWED NO DEBTS GREATER THAN TEN THOUSAND DOLLARS ($10,000) DURING 2009/2010.
- The information that you provide will be sealed and shall remain confidential EXCEPT:
  - If you signed the waiver in the Certification page of the SFI,
  - Upon your written request, or
  - Upon a majority vote of the Citizen's Ethics Advisory Board following the filing of a complaint of sufficient merit and gravity. Conn. Gen. Stat. Section 1-82.
- Examples of debts include, but are not limited to: home mortgage, car loans, credit card debt, etc.

If you, your spouse and/or your dependent children owe no debts of more than ten thousand dollars, please check this box and sign this addendum at the bottom of page 17.

Name of Creditor:

Street:

City: State: Zip:

Name of Creditor:

Street:

City: State: Zip:

Name of Creditor:

Street:

City: State: Zip:

Name of Creditor:

Street:

City: State: Zip:

Name of Creditor:

Street:

City: State: Zip:

Name of Creditor:

Street:

City: State: Zip:

Signature	Print Name	Date Signed

NOTE: If you have any questions regarding the information requested by this form, please contact the Office of State Ethics – Legal Division at 860-263-2400 or sfi.ose@ct.gov .