STATE MARSHALS 2015 ANNUAL STATEMENT OF INCOME

INSTRUCTIONS

WHY REPORT: Under Connecticut General Statutes § 1-83 (b) (2), all state marshals must file with the Office of State Ethics an annual statement of the amounts and sources of income earned in their capacity as state marshals.

WHEN TO REPORT: The Office of State Ethics must receive your statement of income for the calendar year 2015 on or before May 2, 2016. **IF YOU DO NOT FILE an accurate statement by the due date you may be subject to a penalty of up to $10,000.**

Please note that a person who assumed the office of State Marshal during 2016 is required to file a statement of income for the calendar year 2015. Such filer must disclose in the statement the date when the office was assumed and certify to the fact that the filer did not receive any reportable income during 2015, if he or she did not hold or assume the office of State Marshal in 2015.

A state marshal who assumed office between January 1 and March 31, 2016, is required to file a statement of income for the calendar year 2015 on or before May 2, 2016. A person assuming the office of State Marshal after March 31, 2016, must file a statement of income for calendar year 2015 thirty days after assuming office.

A state marshal who leaves office during 2016 must file a statement of income earned up to the time he or she left office. You must file within 60 days of receiving notification from the Office of State Ethics. Regs., Conn. State Agencies § 1-81-12.

WHAT TO REPORT:

INCOME: When reporting income, include all statutory fees (service, endorsements, copies and travel allowance). DO NOT include reimbursements of advancements, or funds held but not yours to keep. For example, do not include: bail or bond money received or held; reimbursement of motor vehicle or town clerk fees; filing or entry fees; witness, moving, or keeper fees; certified/registered mailing fees. Regs., Conn. State Agencies § 1-81-13.

NOTE: In disclosing income for execution services, please identify the source of the execution income (e.g., disclose name of debtor as indicated in court order). Do not disclose bank account or social security numbers when identifying the source of the execution income.

EXPENSES: Report all expenses directly attributable to the performance of official duties as a state marshal including **proportionate amounts of employee expenses (salaries, social security tax, unemployment compensation tax, medical insurance, other benefits, etc.), office expenses (rent, insurance, utilities, actual copying costs, etc.) and transportation expenses. To report transportation expenses, report EITHER the proportionate cost of actual expenses for gasoline, car insurance, repairs, etc., OR the number of miles traveled on marshal business multiplied by the statutory mileage fee.

**To report proportionate amounts: for example, if you use your car for marshal duties 50% of the time, report 50% of total gasoline, insurance, etc.

DO NOT REPORT: Please provide only the information requested on this form. Do not include copies of your W-2, 1040, 1099, or other personal information. Do not include your social security number. Do not disclose any bank account numbers or anyone's social security numbers. **Remember that this filing is public information.**

OFFICE OF STATE ETHICS
18-20 Trinity Street
Hartford, CT 06106-1660

STATE MARSHALS 2015 ANNUAL STATEMENT OF INCOME

State Marshal's Name (Please Print): _____

State Marshal's County: _____

IF YOU ASSUMED OFFICE OF STATE MARSHAL IN 2015 or 2016 indicate date: _____

IF YOU LEFT OFFICE OF STATE MARSHAL IN 2015 or 2016 indicate date: _____

SALARY **a. $** _____

SERVICE OF PROCESS **b. $** _____
(On line "b" list all service of process income, regardless of the amount)

On page 3, list name(s) of, address(es) of, and amount(s) received from any person(s) or firm(s) who, in 2015, paid you $1,000 or more for service of process.

EXECUTIONS (wages, bank, property, etc.) **c. $** _____
(On line "c" list all executions income, regardless of the amount)

On page 3, list name(s) of, address(es) of, and amount(s) received from any person(s) who, in 2015, paid you $1,000 or more for execution services.

COLLECTION OF DELINQUENT TAXES **d. $** _____
(On line "d" list all collection of delinquent taxes income, regardless of the amount)

On page 3, list name(s) of, address(es) of, and amount(s) received from any person(s) or firm(s) who, in 2015, paid you $1,000 or more for collection services.

OTHER INCOME FROM MARSHAL SERVICES **e. $** _____
(On line "e" list all other income, regardless of the amount)

On page 3, list name(s) of, address(es) of, and amount(s) received from any person(s) or firm(s) who, in 2015, paid you $1,000 or more for other marshal services.

GROSS INCOME (add lines a, b, c, d and e) **f. $** _____

OFFICE OF STATE ETHICS
18-20 Trinity Street
Hartford, CT 06106-1660

STATE MARSHALS 2015 ANNUAL STATEMENT OF INCOME

State Marshal's Name (Please Print): _____

EMPLOYEE EXPENSES **g. $ _____**
Include proportionate amounts of employee compensation and benefits attributable to supporting the marshal in the performance of official duties (e.g. wages, social security tax, unemployment compensation tax, medical insurance, etc.)

OFFICE EXPENSES **h. $ _____**
Include proportionate amounts of office expenses attributable to supporting the marshal in the performance of official duties (e.g. rent, insurance, utilities, actual copying costs, etc.)

TRANSPORTATION EXPENSES **i. $ _____**
Report EITHER the proportionate cost of actual expenses for gasoline, car insurance, repairs, etc., OR the number of miles traveled on marshal business multiplied by the statutory mileage fee.

TOTAL EXPENSES (add lines g, h and i) **j. $ _____**

NET INCOME **(**page 1, line f minus page 2, line j) **k. $ _____**

OFFICE OF STATE ETHICS
18-20 Trinity Street
Hartford, CT 06106-1660

STATE MARSHALS 2015 ANNUAL STATEMENT OF INCOME

State Marshal's Name (Please Print): _____

List name(s) of, address(es) of, and amount(s) received from any person(s) or firm(s) who, in 2015, paid you $1,000 or more for **service of process**.

Name	Address	Amount Received

List name(s) of, address(es) of, and amount(s) received from any person(s) who, in 2015, paid you $1,000 or more for **execution services**.

Name	Address	Amount Received

List name(s) of, address(es) of, and amount(s) received from any person(s) or firm(s) who, in 2015, paid you $1,000 or more for **collection services**.

Name	Address	Amount Received

List name(s) of, address(es) of, and amount(s) received from any person(s) or firm(s) who, in 2015, paid you $1,000 or more for **other marshal services.**

Name	Address	Amount Received

If you need additional space, please make as many additional copies of this page as necessary.

OFFICE OF STATE ETHICS
18-20 Trinity Street
Hartford, CT 06106-1660

STATE MARSHALS 2015 ANNUAL STATEMENT OF INCOME

CERTIFICATION

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 this form 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 I leave office, upon receipt of notification from the Office of State Ethics, I must file an Annual Statement of Income within sixty (60) days for the income earned through the last date I served as a State Marshal.

4. I CERTIFY that, if I assumed the office of State Marshal in 2016 (i.e., I did not hold or assume such office in 2015), I did not receive any reportable income during calendar year 2015.

5. I CERTIFY, UNDER PENALTY OF FALSE STATEMENT, that this Annual Statement of Income is a complete and accurate statement of income earned and expenses made in my capacity as a State Marshal during the calendar year 2015.

I have read and agree to the above certification.

Signature _____ **Date** _____

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 e-mail us at sfi.ose@ct.gov.