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

ANNUAL STATEMENT OF FINANCIAL INTERESTS FOR CALENDAR YEAR 2015

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.**

- Under Connecticut General Statutes, Section 1-83, a person who, at any time during 2016 prior to March 31, occupies a position in state government which requires the filing of a Statement of Financial Interests for calendar year 2015 shall do so on or before May 1, 2016. In addition, any person assuming such position after March 31, 2016, shall file a Statement of Financial interests for calendar year 2015 within 30 days of assuming such position. Regs., Conn. State Agencies § 1-81-2. Each individual filer is required to provide information about themselves, their spouse, and dependent children who reside in the individual's household. Regs., Conn. State Agencies § 1-81-3.

- 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.

- An electronic version of this form is available on the Office of State Ethics' web site (www.ct.gov/ethics).

NOTICE TO FILERS DEPARTING STATE OFFICE OR POSITION DURING CALENDAR YEAR 2016

- A person who leaves a position which requires the filing of a Statement of Financial Interests will be notified by the Office of State Ethics within thirty days of his or her departure 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).

- **THIS FORM MAY BE USED BY OFFICIALS AND EMPLOYEES WHO DURING CALENDAR YEAR 2016 LEAVE STATE OFFICE OR A POSITION THAT REQUIRES THE FILING OF A STATEMENT OF FINANCIAL INTERESTS. IF YOU ARE AN OFFICIAL OR EMPLOYEE WHO DEPARTED PRIOR TO MAY 1, 2016, PLEASE ENSURE THAT THE INFORMATION YOU PROVIDE COVERS BOTH CALENDAR YEAR 2015 AND THE PORTION OF CALENDAR YEAR 2016 IN WHICH YOU HELD THE STATE OFFICE OR POSITION.**

- **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.**

I AM FILING AS AN ANNUAL FILER: ☐ **I AM FILING AS A DEPARTING OFFICIAL:** ☐

Departure date from state office or position: _____

If you are an official or employee who departed prior to May 1, 2016, you must disclose information for calendar year 2015, plus the portion of calendar year 2016 in which you held state office of position which requires the filing of this form.

1. Filer's Personal Information:

First Name: _____ **Middle Initial:** _____

Last Name: _____

For Office Use Only
Scanned ☐ Redacted ☐
Attached ☐ Filed ☐ Init: _____

Filer's State of Connecticut Phone: ☐ ☐ ☐ ext.: ☐

Filer's 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 that Requires the Filing of this Form: *Please complete part A or B.*

NOTE TO DEPARTING OFFICIALS*: If you are filing this form as a departing official, please complete part A or B to identify the office or position which requires the filing of this form.*

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): Please complete this section if you held a different state position during 2015/2016 than the position disclosed in section 4, above. Please list all previous state positions you held in 2015/2016.

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 child residing in your household, or held in the name of a corporation, partnership, or trust for the benefit of you, your spouse or dependent child residing in your household. Please list any property owned, bought or sold at any time during the 2015 calendar year and/or, if filing as a departing official or employee, the portion of calendar year 2016 in which you held state office or position, including any time-share property ownership.

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

NOTICE REGARDING THE FREEDOM OF INFORMATION ACT EXEMPTION

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 Emergency Services and Public Protection or a sworn law enforcement officer within the Department of Energy and 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 Division of Public Defender Services or a social worker who is employed by the Division of Public Defender Services;
- 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, provided the filer of the Statement of Financial Interests requests non-disclosure of the residential address <u>and</u> furnishes a business address. 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 <u>and</u> state your business address in the space provided. 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, your spouse, or any dependent child, did not own real property at any time during the calendar year for which this filing is being made, please check this box: ☐

Street:

City: State:

Zip: If outside USA, Country:

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 child 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 ☐ and state your business address:

Additional Real Property:

Street:

City: State:

Zip: If outside USA, Country:

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 child 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 ☐ and state your business address:

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 the 2015 calendar year and/or, if filing as a departing official or employee, the portion of calendar year 2016 in which you held state office or position, 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.

- You must list all businesses associated with, whether for profit or not-for-profit, unless you, or a member of your immediate family, were an **unpaid** director or officer of a not-for-profit entity.

- For purposes of sections 7 through 10, "Officer" refers only to the president, executive vice-president, senior vice-president, or treasurer of a business.

- For purposes of section 9, "Trust" means a trust in which, at any time during the calendar year, 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 you, your spouse, or any dependent child residing in your household, is not associated with any business for profit, 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

---

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

If you, your spouse, or any dependent child residing in your household, is not associated with any non-profit organization, 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

---

9. Trusts:

If you, your spouse, or any dependent child residing in your household, is not associated with any trust, please check this box: ☐

Name of Trust:

Name of Trustee(s):

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

---

Name of Trust:

Name of Trustee(s):

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

---

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 for you, your spouse, and each dependent child residing in your household for calendar year 2015 and/or, if filing as a departing official or employee, the portion of calendar year 2016 in which you held state office or position. Please ensure to include your state salary and/or state 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; and **2)** a brief description of a gift.

A gift received from an individual's spouse, fiancée, the parent, brother or sister of such spouse or such individual, or the child of such individual or the spouse of such child does not have to be reported.

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

11. Sources of Income:

If you, your spouse, or any dependent child, did not have any income during the calendar year for which this filing is being made, please check this box: ☐

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

---

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

---

Additional Source of Income:

Name of Employer or other Source:

Description of Source:

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

INSTRUCTIONS FOR BLIND TRUSTS (Section 12)

- List the name of the trustee of any **BLIND TRUST** established or held by you, your spouse, or dependent child residing in your household in calendar year 2015 and/or, if filing as a departing official or employee, the portion of calendar year 2016 in which you held state office or position.
- A **BLIND TRUST** is a trust established for the purpose of divestiture of all control and knowledge of assets.

12. Blind Trusts:

If you, your spouse, or any dependent child residing in your household, did not have a blind trust(s) during the calendar year for which this filing is being made, please check this box: ☐

Name of Trustee(s):

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

Name of Trustee(s):

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

Name of Trustee(s):

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

Name of Trustee(s):

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

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 the calendar year for which this filing is being made. Include all securities that were owned by you, your spouse and any dependent child residing in your household. Also include any securities that were held in the name of a corporation, partnership, or trust for the benefit of you, your spouse or any dependent child residing in your household.
- **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 in the definition of securities 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.
- **NOTE:** Securities in excess of $5,000 at fair market value held within the following accounts or plans do not have to be disclosed and only the name of such retirement and/or savings plan must be reported.

  - Retirement Savings Plans under Section 401 of the IRS Code;
  - Individual Retirement Accounts under Section 408 of the IRS Code;
  - Individual Retirement Accounts (Roth) under Section 408A of the IRS Code;
  - Governmental Deferred Compensation Plans under Section 457 of the IRS Code; and
  - Education Savings Plans under Section 529 of the IRS Code

  Example: You have a 457 Deferred Compensation Plan offered by the State of Connecticut and managed by Prudential Co., with investments allocated among a number of mutual funds held within the account, each exceeding $5,000 in value. In addition, your spouse has a 401 (k) plan from his or her employer, managed by Fidelity Co., with investments allocated among a number of funds held within the account, with one fund exceeding $5,000 in value. Finally, you and your spouse have a 529 Connecticut Higher Education Trust ("CHET") savings plan for your child. The 529 CHET account is managed by TIAA-CREF, with investments allocated among a number of funds held within various investment options, each exceeding $5,000 in value.

  Based on the foregoing, it will be sufficient to identify the accounts as follows:

  457 Deferred Compensation Plan Account – Prudential
  401 (k) Account – Fidelity
  529 CHET Account – TIAA CREF

13. Securities:

If you, your spouse, or any dependent child residing in your household had no interest in securities with a fair market value in excess of $5,000 at any time during the calendar year for which this filing is being made, 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)*

Additional Securities:

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)*

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 OR A QUASI-PUBLIC AGENCY (Sections 14 - 15)

- **Leases:** If you, your spouse, a dependent child living in your household, or a business with which you are associated (as listed in sections 7 through 9, above) entered into or held a lease with the State or a quasi-public agency during the calendar year for which this filing is being made, 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

- **Contracts:** If you, your spouse, a dependent child living in your household, or a business with which you are associated (as listed in sections 7 through 9, above) entered into or held a contract with the State or a quasi-public agency during the calendar year for which this filing is being made, 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 or agency (i.e., Department of Transportation)

- You do not need to disclose any lease or contract in which the State, a branch of the State, or a quasi-public agency is not a party (e.g., a residential lease between you and a private landlord).

14. Leases with the State or a Quasi-Public Agency:

If you, your spouse, or any dependent child residing in your household, did not hold a State or quasi-public agency lease(s) during the calendar year for which this filing is being made, 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 or a Quasi-Public Agency:

If you, your spouse, or any dependent child residing in your household, did not hold a State or quasi-public agency contract(s) during the calendar year for which this filing is being made, please check this box: ☐

State or Quasi-Public Agency:

Name of Contractor:

Contract ID#:

Contract Amount:

Length of Contract:

Nature of Contract:

State or Quasi-Public Agency:

Name of Contractor:

Contract ID#:

Contract Amount:

Length of Contract:

Nature of Contract:

CERTIFICATION

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

☐ I have completed the Confidential Addendum and choose to retain confidentiality. I have therefore submitted such form in a separate, sealed and properly identified envelope.

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.*, or as set forth in Connecticut General Statutes § 1-83(c).

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 2015 and/or, if filing as a departing official or employee, the portion of calendar year 2016 in which I held state office or position which requires the filing of this Statement of Financial Interests.

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 the preceding year, 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) at any point during the calendar year for which the filing is being made.
- **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 CALENDAR YEAR 2015 AND/OR, IF FILING AS A DEPARTING OFFICIAL OR EMPLOYEE, THE PORTION OF CALENDAR YEAR 2016 IN WHICH YOU HELD STATE OFFICE OR POSITION WHICH REQUIRES THE FILING OF THIS STATEMENT OF FINANCIAL INTERESTS.**
- The information that you provide in this Confidential Addendum will be sealed and shall remain confidential EXCEPT if you signed the waiver in the Certification page of the SFI, or upon your written request.
- The Confidential Addendum shall be for the use of the Office of State Ethics only after a complaint has been filed under section 1-82 of the General Statutes and such complaint has been determined by a majority vote of the Citizen's Ethics Advisory Board to be of sufficient merit and gravity to justify the unsealing of the Confidential Addendum.
- 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, individually, did not owe debts of more than ten thousand dollars during the calendar year for which this filing is being made, please check this box and sign this addendum at the bottom of page 18. ☐

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 .