



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

Supplemental Statement of Financial Interests for Calendar Year 2006
Created 6/2007

INSTRUCTIONS

Pursuant to Substitute Senate Bill No. 145 (Public Act 07-___), any person required to file a statement of financial interests on or before May 1, 2007, as described in subsection (b) of section 1-83 of the general statutes, as amended by this act, shall file a supplemental statement of financial interests not later than August 1, 2007, which states the name of each employer from whom income in excess of \$1,000 is received.

FILER'S PERSONAL INFORMATION:

First Name: _____ Middle Initial: _____ Last Name: _____

State of Connecticut Phone: _____ Ext.: _____

State of Connecticut E-Mail: _____

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: _____

NAME(S) OF EMPLOYER(S)

Indicate each employer from which salary/wages, pension, fees or any other compensation is received.

If not applicable, please check this box:

Name of Employer: _____

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

I CERTIFY, UNDER PENALTY OF FALSE STATEMENT, that this Supplemental Statement of Financial Interests is a complete and accurate statement of the names of all employers for myself, my spouse and dependents residing in my household, during the calendar year 2006.

Signature: _____ Date: _____

Print Name: _____

Use this page to report additional Names of Employers

NAME(S) OF EMPLOYER(S)

Indicate each employer from which salary/wages, pension, fees or any other compensation is received.

Name of Employer: _____

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

Name of Employer: _____

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

Name of Employer: _____

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

Name of Employer: _____

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

Name of Employer: _____

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

I CERTIFY, UNDER PENALTY OF FALSE STATEMENT, that this Supplemental Statement of Financial Interests is a complete and accurate statement of the names of all employers for myself, my spouse and dependents residing in my household, during the calendar year 2006.

Signature: _____

Date: _____

Print Name: _____