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 2009

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File this form covering the period of time you held your office or position in 2009. Please be aware that you are still required to file a Statement of Financial Interests for CALENDAR YEAR 2008, NO LATER THAN MAY 1, 2009. 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) (2008/2009): *Please complete this section if you held a different state position during 2008/2009. Please list all other state positions you held in 2008/2009.*

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 2008/2009, including any time-share property ownership.

- Include property even if it is subject to a home 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 or a sworn member of the Division of State Police within the Department of Public Safety;
- 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; or
- A member or employee of the Commission on Human Rights and Opportunities.

and 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.

6. Real Property and Location:

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

Primary Residence:
If you claim exemption from disclosure under FOIA 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.

Held By:

Required if Property not directly held.

Additional Real Property:
If you claim exemption from disclosure under FOIA 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.

Held By:

Required if Property not directly held.

INSTRUCTIONS FOR BUSINESSES WITH WHICH ASSOCIATED (Sections 7 - 11)

- 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 2008/2009, (covering that portion of 2009 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 2008/2009, 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

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

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9. Trusts:

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

Name of Trust: _____

Name of Trustee: _____

Street: _____

City: _____ State: _____ Zip: _____

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

10. Business Affiliations:

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

(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 of Connecticut;
(3) a person that the filer knows or has reason to know is engaged in activities that are directly regulated by the filer's department or agency, or
(4) a business with which an individual described in items (1), (2) or (3) is associated?

☐ Yes ☐ No

If the answer to question 10 is **Yes**, complete section 11.
If the answer to question 10 is **No**, skip section 11 and continue to section 12.

11. Description of Business Affiliation:

a. Name of filer's "business with which associated" as identified in Section 7, 8 or 9:

_____

b. Category of affiliated business from Section 10

☐ (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 of Connecticut;

☐ (3) a person that the filer knows or has reason to know is engaged in activities that are directly regulated by the filer's department or agency, or

☐ (4) a business with which an individual described in items (1), (2) or (3) is associated?

c. Name and address of affiliated business:

_____

_____

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

_____

e. Date business affiliation was created:

_____

INSTRUCTIONS FOR SOURCES OF INCOME (Section 12)

- List the name of employer(s) or other source of income in excess of $1,000, including your state salary or wages. Include salary/wages, alimony, child support, award/prize, capital gains, deferred compensation, dividends, gifts, interest, lottery winnings, partnership distributions, pension, rent, compensation, social security, unemployment, workers compensation, or other.
- Please list the specific source of income received (i.e. specific employers, property holdings, banks, or stock).

12. 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

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 13)

- 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.

13. Blind Trusts:

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

Name of Trustee:

Street:

City: State: Zip:

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

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Name of Trustee:

Street:

City: State: Zip:

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

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Name of Trustee:

Street:

City: State: Zip:

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

INSTRUCTIONS FOR SECURITIES (Section 14)

- List the name of each security, which had a fair market value in excess of $5,000 at any time during 2008/2009. 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

14. Securities:

If you had no interest in securities with a fair market value in excess of $5,000 at any time during 2008/2009, 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 15 – 16)

- **Leases:** For each lease between the State and you or a business with which you, your spouse or your dependent children are associated, 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 between the State and you or a business with which you, your spouse or your dependent children are associated, 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).

15. 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: _____

16. 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, and any attachments thereto, shall be a matter of public record, and shall be disclosed by the Office of State Ethics upon request, 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 I must file with the Office of State Ethics, a report of the payment or reimbursement of "necessary expenses" for lodging and/or out-of-state travel incurred by me, in my capacity as a public official or state employee, for an article, appearance, speech, or for my participation at an event, unless the payment or reimbursement is provided by the State of Connecticut, the federal government or another state government. I FURTHER UNDERSTAND that if, either intentionally or due to gross negligence, I fail to file such a report within thirty (30) days after receiving the payment or reimbursement, I will be required to return the payment or reimbursement and may be subject to a penalty of up to $10,000.

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

6. 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 2008/2009.

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.

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 2008/2009, 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 2008/2009.
- 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 14.**

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