

Statement of Financial Interests for 2009



PERSONAL INFORMATION

First Name and Middle initial:	Last Name:	
Stephen D	Dargan	
Street Address 1:	Street Address 2:	
215 Beach Street		
City:	State:	Zip:
West Haven	CONNECTICUT	06516
<input type="checkbox"/> If you are claiming an exemption from disclosure for this property under FOIA		
Phone Number:	Email Address:	
(860) 240-8500 Ext : 0573	stephen.dargan@cga.ct.gov	

OCCUPATION

<input type="checkbox"/> Current Dual Employment	
Current State Position:	Membership:
Connecticut General Assembly	Representative - Democrat
Name of District:	
115	
<input type="checkbox"/> If you have held a different state position or left state service in 2009	
<input type="checkbox"/> Previous Dual Employment	
Previous State Position:	Membership:
Name of Agency:	

SPOUSE

<input checked="" type="checkbox"/> If you do not have a Spouse

FAMILY MEMBERS (CHILDREN)

If you do not have dependent children



REAL PROPERTY

If you do not own a property

If you are claiming an exemption from disclosure for this property under FOIA

Street Address 1:

Street Address 2:

215 Beach Street

City:

State:

Zip:

West Haven

CONNECTICUT

06516

Country:

Owner or Beneficiary:

Self

Held Directly?:

Held By: Note: 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.

If you are claiming an exemption from disclosure for this property under FOIA

Street Address 1:

Street Address 2:

67 Richards Place

City:

State:

Zip:

West Haven

CONNECTICUT

06516

Country:

Owner or Beneficiary:

Robert, Tim and Stephen Dargan

Held Directly?:

Held By: Note: 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.

BUSINESSES

BUSINESS (WITH WHICH ASSOCIATED)

If you are not associated with any business

BUSINESSES

TRUSTS

If you are not part of a trust

INCOME SOURCES

If you do not have a Income Source(s)

Description of Source:
Salary/Wages
Name of Employer or Other Source:
State of Connecticut
Recipient:
Self

Description of Source:
Salary/Wages
Name of Employer or Other Source:
West Haven Board of Education
Recipient:
Self

Description of Source:
Salary/Wages
Name of Employer or Other Source:
Captain Galley Restaurant
Recipient:
Self

BLIND TRUST

If you do not have a Blind Trust(s)

SECURITIES

If you had no interest in securities with a fair market value in excess of \$5,000 at any time during the calendar year

LEASES

If you do not have a State lease(s)

CONTRACTS

If you do not have a State contract(s)

CONFIDENTIAL ADDENDUM

If you, your spouse and/or your dependent children owe no debts of more than ten thousand dollars

I choose to waive confidentiality such that my confidential addendum may be disclosed.

I choose to retain confidentiality. Note: You must be ready to file all confidential information in this one session.

CERTIFICATION

- 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.
- 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 upon request, unless exempt from disclosure by General Statutes 1-83(c) or the Freedom of Information Act, Connecticut General Statutes 1-200 *et. seq* if I chose to retain confidentiality on my addendum.
- 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.
- 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 for up to \$10,000.
- I CERTIFY, UNDER PENALTY OF FALSE STATEMENT, that this Annual Statement of Financial Interests, including the Confidential Addendum, is a complete and accurate statement of financial interests, as defined by Connecticut General Statutes 1-83(b)(1), for myself, my spouse, and dependent residing in my household, during the calendar year 2009

I have read and agree to all above certifications.

Name:	Stephen D Dargan
Filed Date and Time:	04/26/2010 3:44 PM