

# Statement of Financial Interests for 2009



PERSONAL INFORMATION		
<b>First Name and Middle initial:</b>	<b>Last Name:</b>	
Christopher G	Donovan	
<b>Street Address 1:</b>	<b>Street Address 2:</b>	
188 Atkins Street		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
Meriden	CONNECTICUT	06450
<input type="checkbox"/> If you are claiming an exemption from disclosure for this property under FOIA		
<b>Phone Number:</b>	<b>Email Address:</b>	
(860) 240-8541	christopher.donovan@cga.ct.gov	

OCCUPATION	
<input type="checkbox"/> Current Dual Employment	
<b>Current State Position:</b>	<b>Membership:</b>
Connecticut General Assembly	Representative - Other
<b>Name of District:</b>	
84	
<input type="checkbox"/> If you have held a different state position or left state service in 2009	
<input type="checkbox"/> Previous Dual Employment	
<b>Previous State Position:</b>	<b>Membership:</b>
<b>Name of Agency:</b>	

## SPOUSE

If you do not have a Spouse

Spouse First Name and Initial:

Elaine G

Spouse Last Name:

Donovan

## FAMILY MEMBERS (CHILDREN)

If you do not have dependent children

Child First Name and Initial:

Sarah C

Child Last Name:

Donovan

## 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:

188 Atkins Street

Street Address 2:

City:

Meriden

State:

CONNECTICUT

Zip:

06450

Country:

Owner or Beneficiary:

Christopher and Elaine Donovan

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:**

Connecticut General Assembly

**Recipient:**

Self

**Description of Source:**

Salary/Wages

**Name of Employer or Other Source:**

Congress of Connecticut Community Colleges

**Recipient:**

Self

**Description of Source:**

Salary/Wages

**Name of Employer or Other Source:**

Hartford Hospital

**Recipient:**

Spouse

**Description of Source:**

Salary/Wages

**Name of Employer or Other Source:**

University of Hartford

**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

**Security Name:**

Connecticut Stable Value Fund (457 and 403 (b))

**Owner or beneficiary if held by another:**

Self

**Held Directly?:**

**Held By:**

Note: If the Security is not held directly, list the trustee, corporation, etc.

**Security Name:**

American Funds Growth-Income

**Owner or beneficiary if held by another:**

Spouse

**Held Directly?:**

**Held By:**

Note: If the Security is not held directly, list the trustee, corporation, etc.

**Security Name:**

FTMRX FT Moderate Target R

**Owner or beneficiary if held by another:**

Self

**Held Directly?:**

**Held By:**

Note: If the Security is not held directly, list the trustee, corporation, etc.

<b>Security Name :</b>
DODFX
<b>Owner or beneficiary if held by another:</b>
Self
<input checked="" type="checkbox"/> <b>Held Directly?:</b>
<b>Held By:</b>
Note: If the Security is not held directly, list the trustee, corporation, etc.
<b>Security Name :</b>
GFAFX
<b>Owner or beneficiary if held by another:</b>
Self
<input checked="" type="checkbox"/> <b>Held Directly?:</b>
<b>Held By:</b>
Note: If the Security is not held directly, list the trustee, corporation, etc.
<b>Security Name :</b>
PTTRX
<b>Owner or beneficiary if held by another:</b>
Self
<input checked="" type="checkbox"/> <b>Held Directly?:</b>
<b>Held By:</b>
Note: If the Security is not held directly, list the trustee, corporation, etc.
<b>Security Name :</b>
SLASX
<b>Owner or beneficiary if held by another:</b>
Self
<input checked="" type="checkbox"/> <b>Held Directly?:</b>
<b>Held By:</b>
Note: If the Security is not held directly, list the trustee, corporation, etc.

<b>Security Name :</b>
QAI
<b>Owner or beneficiary if held by another:</b>
Spouse
<input checked="" type="checkbox"/> <b>Held Directly?:</b>
<b>Held By:</b>
Note: If the Security is not held directly, list the trustee, corporation, etc.
<b>Security Name :</b>
IGIFX
<b>Owner or beneficiary if held by another:</b>
Spouse
<input checked="" type="checkbox"/> <b>Held Directly?:</b>
<b>Held By:</b>
Note: If the Security is not held directly, list the trustee, corporation, etc.
<b>Security Name :</b>
GFAFX
<b>Owner or beneficiary if held by another:</b>
Spouse
<input checked="" type="checkbox"/> <b>Held Directly?:</b>
<b>Held By:</b>
Note: If the Security is not held directly, list the trustee, corporation, etc.
<b>Security Name :</b>
JMCVX
<b>Owner or beneficiary if held by another:</b>
Spouse
<input checked="" type="checkbox"/> <b>Held Directly?:</b>
<b>Held By:</b>
Note: If the Security is not held directly, list the trustee, corporation, etc.

**Security Name :**  
MSSFY

**Owner or beneficiary if held by another:**  
Spouse

**Held Directly?:**

**Held By:**

Note: If the Security is not held directly, list the trustee, corporation, etc.

**Security Name :**  
NWFYX

**Owner or beneficiary if held by another:**  
Spouse

**Held Directly?:**

**Held By:**

Note: If the Security is not held directly, list the trustee, corporation, etc.

**Security Name :**  
PTTRX

**Owner or beneficiary if held by another:**  
Spouse

**Held Directly?:**

**Held By:**

Note: If the Security is not held directly, list the trustee, corporation, etc.

**Security Name :**  
SLASX

**Owner or beneficiary if held by another:**  
Spouse

**Held Directly?:**

**Held By:**

Note: If the Security is not held directly, list the trustee, corporation, etc.

<b>Security Name :</b>
TEMPLETON GLOBAL BOND FD CL A / TPINK
<b>Owner or beneficiary if held by another:</b>
Spouse
<input checked="" type="checkbox"/> <b>Held Directly?:</b>
<b>Held By:</b>
Note: If the Security is not held directly, list the trustee, corporation, etc.

**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.**

<b>Name of Creditor:</b>		
CitiMortgage		
<b>Street Address 1:</b>		<b>Street Address 2:</b>
100 Queen Street #5		
<b>City :</b>	<b>State:</b>	<b>Zip:</b>
Southington	CONNECTICUT	06489

## 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:**

Christopher G Donovan

**Filed Date and Time:**

05/01/2010 11:33 AM