

Statement of Financial Interests for 2009



PERSONAL INFORMATION		
First Name and Middle initial:	Last Name:	
Auden	Grogins	
Street Address 1:	Street Address 2:	
155 Brewster st #5L		
City:	State:	Zip:
Bridgeport	CONNECTICUT	06605
<input type="checkbox"/> If you are claiming an exemption from disclosure for this property under FOIA		
Phone Number:	Email Address:	
(860) 240-8585	Auden.Grogins@cga.ct.gov	

OCCUPATION	
<input type="checkbox"/> Current Dual Employment	
Current State Position:	Membership:
Connecticut General Assembly	Representative - Other
Name of District:	
129	
<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

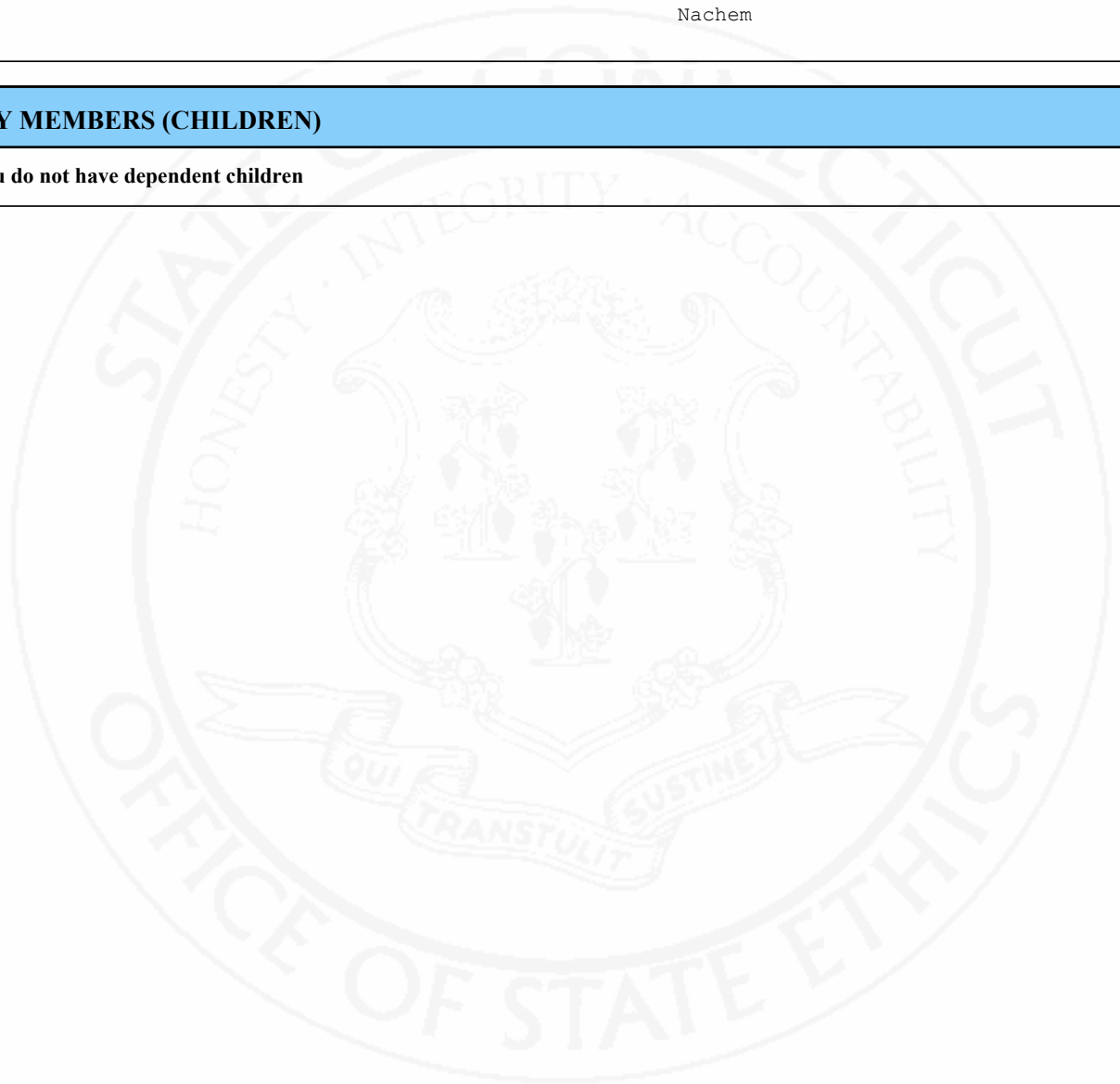
If you do not have a Spouse

Spouse First Name and Initial: Spouse Last Name:

Ira w Nachem

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:

155 Brewster St. unit 5L

City:

State:

Zip:

Bridgeport

CONNECTICUT

06605

Country:

Owner or Beneficiary:

Auden Grogins and Ira Nachem

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:

1 winhall condominium rd.

City:

State:

Zip:

winhall

VERMONT

05340

Country:

Owner or Beneficiary:

Auden Grogins and Ira Nachem

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:

Carribbean Court- JA Abraham blvd #C3199

City:

State:

Zip:

Bonaire, NA

CONNECTICUT

99999

Country:

Owner or Beneficiary:

Auden Grogins and Ira Nached

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

Name of Business:

Auden Grogins, Esq. Attorney at law

Street Address 1:

400 Stillson Rd.

Street Address 2:

City:

Fairfield

State:

CONNECTICUT

Zip:

06824

Nature of Business:

Law Practice

Nature of Interest:

owner

Interest Held By:

Self

Business Affiliation

Category of Affiliated Business/Individual:

No affiliation

Business Affiliation

Category of Affiliated Business/Individual:

No affiliation

Name of Business:		
Suffield Associates		
Street Address 1:		Street Address 2:
79 South Benson Rd.		
City:	State:	Zip:
Fairfield	CONNECTICUT	06824
Nature of Business:		Nature of Interest:
realestate investment		partner
Interest Held By:		
Self		
Business Affiliation		
Category of Affiliated Business/Individual:		
No affiliation		
Business Affiliation		
Category of Affiliated Business/Individual:		
No affiliation		
BUSINESSES		
TRUSTS		
<input checked="" type="checkbox"/> If you are not part of a trust		

INCOME SOURCES

If you do not have a Income Source(s)

Description of Source:

Legal Fees

Name of Employer or Other Source:

Auden Grogins, Esq. Attorney at law

Recipient:

Self

Description of Source:

sale of property

Name of Employer or Other Source:

Suffield Associates

Recipient:

Self

Description of Source:

Salary/Wages

Name of Employer or Other Source:

Amalgamated Bank

Recipient:

Spouse

Description of Source:

Salary/Wages

Name of Employer or Other Source:

New York University

Recipient:

Spouse

Description of Source:
royalties from book sales
Name of Employer or Other Source:
McGraw Hill Publishing
Recipient:
Spouse
Description of Source:
Salary/Wages
Name of Employer or Other Source:
Capital One Bank
Recipient:
Spouse

BLIND TRUST
<input checked="" type="checkbox"/> 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:

Citicorp

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:

Genco Shipping&Trading Limited

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:

Capital One Bank

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:
Hartford Small CompanyFund
Owner or beneficiary if held by another:
Spouse
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:
Rowe T Price index TR inc.Preix(Ameritrade acct)
Owner or beneficiary if held by another:
Self
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:
Rowe T Price TR Inc.pexmx (Ameritrade acct)
Owner or beneficiary if held by another:
Self
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:
VanGuard GNMAPortfolio(Ameritrade acct)
Owner or beneficiary if held by another:
Self
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

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

Security Name:
Savient Pharmaceuticals(Ameritrade acct)
Owner or beneficiary if held by another:
Self
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

LEASES
<input checked="" type="checkbox"/> If you do not have a State lease(s)

CONTRACTS

If you do not have a State contract(s)

State Agency:

Judicial Branch

Name of Contractor:

Chief Public Defender

Contract ID#:

2009/10

Contract Amount:

\$4000.00

Length of Contract:

1 Years 0 Months

Nature of Contract:

JD- Fairfield-legal Spec.P.D.(2008 -09 was \$4000)

State Agency:

Judicial Branch

Name of Contractor:

Chief Public Defender

Contract ID#:

2009/10

Contract Amount:

\$7000.00

Length of Contract:

1 Years 0 Months

Nature of Contract:

legal- NH JD(Contract08-09was \$7k)

State Agency:

Judicial Branch

Name of Contractor:

Chief Public Defender

Contract ID#:

2009/10

Contract Amount:

\$1000.00

Length of Contract:

1 Years 0 Months

Nature of Contract:

Legal- Spec.PD Stamford JD.(08/09contract was 1K)

State Agency:	
Judicial Branch	
Name of Contractor:	
Chief Public Defender	
Contract ID#:	Contract Amount:
2009/10	\$3000.00
Length of Contract:	Nature of Contract:
1 Years 0 Months	legal-Waterbury JD. spec.P.D.(08/09contract 8k)

State Agency:	
Judicial Branch	
Name of Contractor:	
Chief Public Defender	
Contract ID#:	Contract Amount:
2009/10	\$1750.00
Length of Contract:	Nature of Contract:
1 Years 0 Months	legal -Special P.D. ga#1 Stamford-08/09 was\$2450

State Agency:	
Judicial Branch	
Name of Contractor:	
Chief Public defender	
Contract ID#:	Contract Amount:
2009/10	\$1750.00
Length of Contract:	Nature of Contract:
1 Years 0 Months	legal-Special P.D.bpt 08/09GA#2 (was \$4200)

CONFIDENTIAL ADDENDUM	
<input checked="" type="checkbox"/> 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:	Auden Grogins
Filed Date and Time:	03/23/2010 4:27 PM