

# Statement of Financial Interests for 2009



PERSONAL INFORMATION		
<b>First Name and Middle initial:</b>	<b>Last Name:</b>	
Anthony	Guglielmo	
<b>Street Address 1:</b>	<b>Street Address 2:</b>	
100 Stafford Street		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
Stafford Springs	CONNECTICUT	06076
<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) 240-0574	anthony.guglielmo@cga.ct.gov	

OCCUPATION	
<input type="checkbox"/> Current Dual Employment	
<b>Current State Position:</b>	<b>Membership:</b>
Connecticut General Assembly	Senator - Republican
<b>Name of District:</b>	
35	
<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**

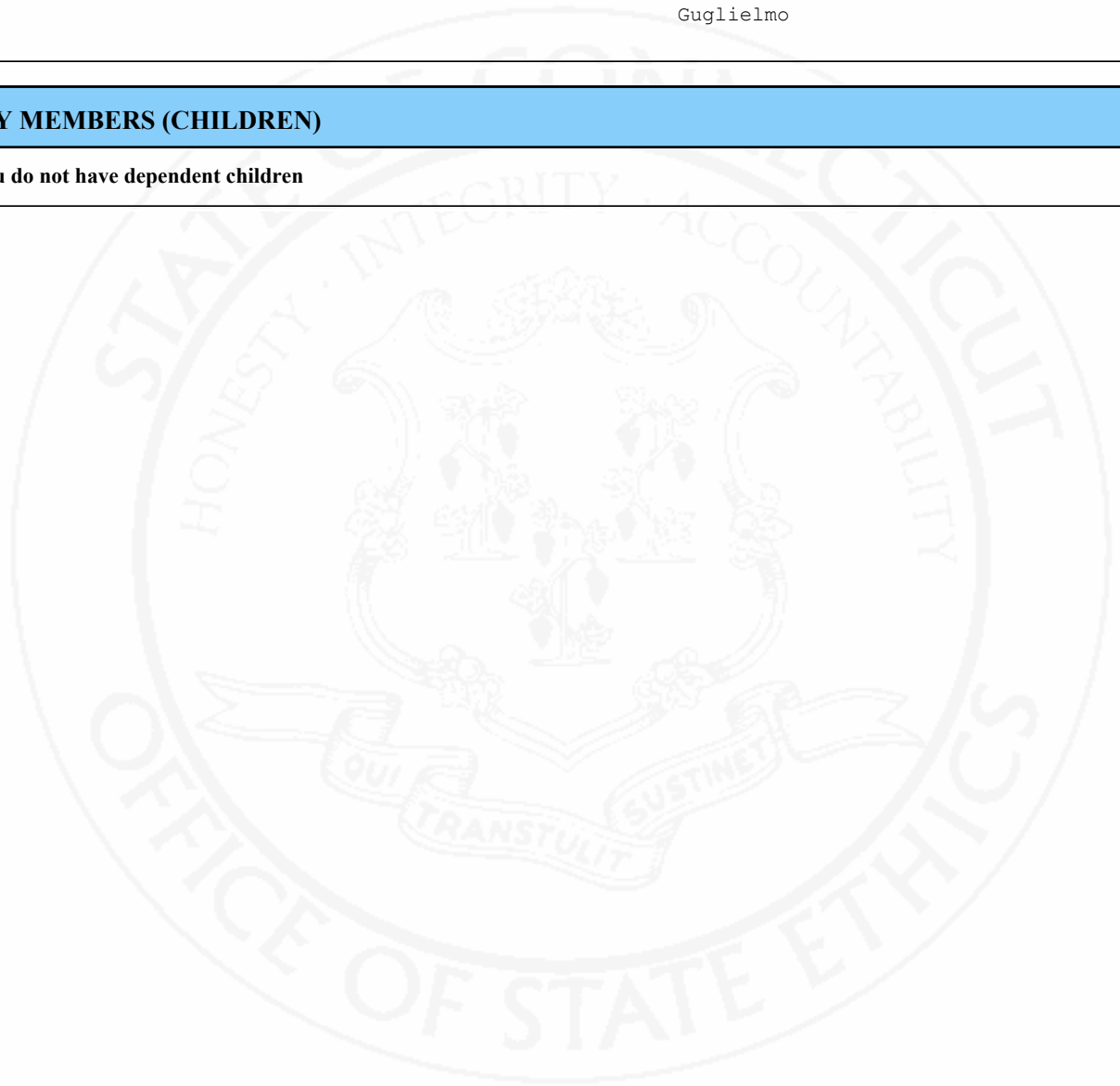
If you do not have a Spouse

Spouse First Name and Initial: Spouse Last Name:

Doris Guglielmo

**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:

100 Stafford St

City:

State:

Zip:

Stafford Springs

CONNECTICUT

06076

Country:

Owner or Beneficiary:

Doris Guglielmo

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.

Dorris Guglielmo Realty Trust

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

Street Address 1:

Street Address 2:

45 Manthers Point

City:

State:

Zip:

Plymouth

MASSACHUSETTS

02362

Country:

Owner or Beneficiary:

Doris Guglielmo

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:

52 Main Street

City:

State:

Zip:

Stafford Springs

CONNECTICUT

06076

Country:

Owner or Beneficiary:

Doris Guglielmo

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:**

Penny\_Hanley &amp; Howley Co Inc

**Street Address 1:**

52 Main Street

**Street Address 2:****City:**

Stafford Springs

**State:**

CONNECTICUT

**Zip:**

06076

**Nature of Business:**

Insurance Agency

**Nature of Interest:**

partner with my daughter

**Interest Held By:**

Self

**Business Affiliation****Category of Affiliated Business/Individual:**

No affiliation

**Name of Business:**

New Alliance Foundation

**Street Address 1:**

Church Street

**Street Address 2:****City:**

New Haven

**State:**

CONNECTICUT

**Zip:**

06510

**Nature of Business:**

Charitable Foundation

**Nature of Interest:**

Director

**Interest Held By:**

Self

Business Affiliation		
<b>Category of Affiliated Business/Individual:</b>		
No affiliation		
<b>Name of Business:</b>		
Hockanum Industries		
<b>Street Address 1:</b>		<b>Street Address 2:</b>
48 Hale Street		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
Vernon	CONNECTICUT	06066
<b>Nature of Business:</b>		<b>Nature of Interest:</b>
employment for mentally and physically disabled		One of the Directors
<b>Interest Held By:</b>		
Self		
Business Affiliation		
<b>Category of Affiliated Business/Individual:</b>		
No affiliation		

**BUSINESSES**

**TRUSTS**

If you are not part of a trust

<b>Name of Trust:</b>	<b>Name of Trustee(s):</b>
Doris Guglielmo Realty Trust	Doris Guglielmo
<b>Nature of Business:</b>	<b>Nature of Interest:</b>
Real Estate	owner
<b>Beneficiary:</b>	
Spouse	

**Business Affiliation**

<b>Category of Affiliated Business/Individual:</b>
No affiliation

<b>Name of Trust:</b>	<b>Name of Trustee(s):</b>
D. Anthony Guglielmo Realty Trust	Anthony Guglielmo
<b>Nature of Business:</b>	<b>Nature of Interest:</b>
real estate	owner
<b>Beneficiary:</b>	
Self	

**Business Affiliation**

<b>Category of Affiliated Business/Individual:</b>
No affiliation

## INCOME SOURCES

If you do not have a Income Source(s)

**Description of Source:**

Salary/Wages

**Name of Employer or Other Source:**

Penny - Hanley & Howley Co Inc

**Recipient:**

Self

**Description of Source:**

Director Fees

**Name of Employer or Other Source:**

New Alliance Foundation

**Recipient:**

Self

**Description of Source:**

Salary/Wages

**Name of Employer or Other Source:**

State of CT - State Senator

**Recipient:**

Self

**Description of Source:**

Rent

**Name of Employer or Other Source:**

Doris Guglielmo Realty Trust

**Recipient:**

Spouse

**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:**

New Alliance Bank Corp

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

Joint

**Held Directly?:**

**Held By:**

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

**Security Name:**

Capitol World Bond Fund Class A

**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:**

Bond Fund of America A

**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 :**  
Travelers Universal Life Fund

**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 :**  
ING

**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 :**  
MAss Mutual Flex

**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 :**  
Harbor Capital Appreciation

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

**Held Directly?:**

**Held By:**

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

<b>Security Name:</b>
Allanz Life
<b>Owner or beneficiary if held by another:</b>
Joint
<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>
SBLI Annuity
<b>Owner or beneficiary if held by another:</b>
Joint
<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>
Ameriprise Financial
<b>Owner or beneficiary if held by another:</b>
Joint
<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>
Riversource Annuities
<b>Owner or beneficiary if held by another:</b>
Joint
<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:**  
People's 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:**  
Soverign Bank CD

**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.

**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.**

**Name of Creditor:**  
GMAC

**Street Address 1:** Carter Cheverolet **Street Address 2:**

**City :** Manchester **State:** CONNECTICUT **Zip:** 06040

## 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:**

Anthony Guglielmo

**Filed Date and Time:**

04/29/2010 3:24 PM