

# Statement of Financial Interests for 2009



PERSONAL INFORMATION		
<b>First Name and Middle initial:</b>	<b>Last Name:</b>	
Toni N	Harp	
<b>Street Address 1:</b>	<b>Street Address 2:</b>	
170 Conrad Drive		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
New Haven	CONNECTICUT	06515
<input type="checkbox"/> If you are claiming an exemption from disclosure for this property under FOIA		
<b>Phone Number:</b>	<b>Email Address:</b>	
(203) 503-3167	toni.harp@cga.ct.gov	

OCCUPATION	
<input type="checkbox"/> Current Dual Employment	
<b>Current State Position:</b>	<b>Membership:</b>
Connecticut General Assembly	Senator - Other
<b>Name of District:</b>	
10	
<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**

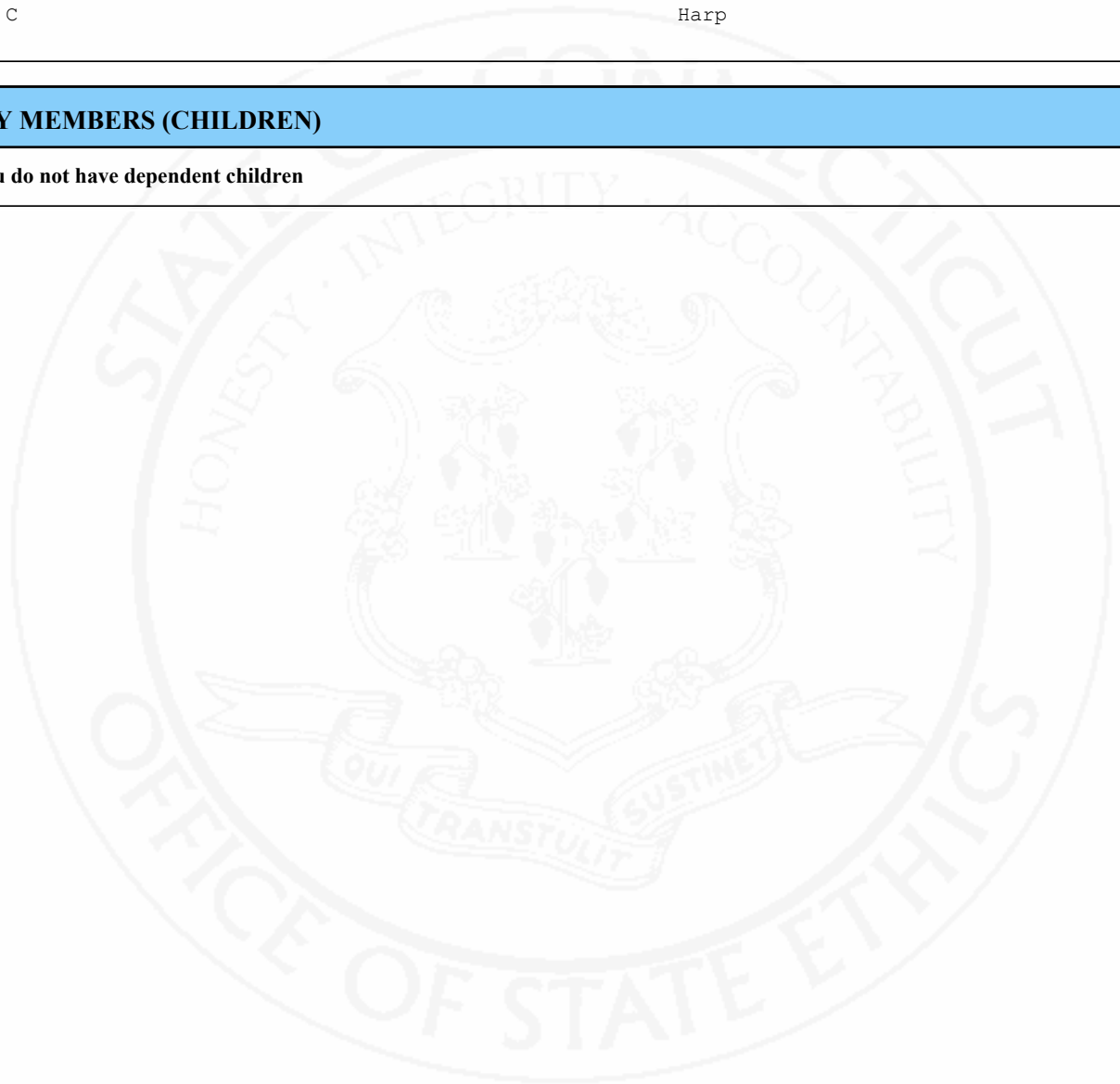
If you do not have a Spouse

Spouse First Name and Initial: Spouse Last Name:

Wendell C Harp

**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:

170 Conrad Drive

City:

State:

Zip:

New Haven

CONNECTICUT

06515

Country:

Owner or Beneficiary:

Wendell C. Harp

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:

26 Lynwood Place

City:

State:

Zip:

New Haven

CONNECTICUT

06511

Country:

Owner or Beneficiary:

Wendell C. Harp

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:

61 Lake Place

City:

State:

Zip:

New Haven

CONNECTICUT

06511

Country:

Owner or Beneficiary:

Wendell C. Harp

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:

849 Amity Road

City:

State:

Zip:

Bethany

CONNECTICUT

06525

Country:

Owner or Beneficiary:

Wendell C. Harp

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:

91 Rosette Street

City:

State:

Zip:

New Haven

CONNECTICUT

06519

Country:

Owner or Beneficiary:

WCH Limited Partnership

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.

WCH Limited Partnership

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

Street Address 1:

Street Address 2:

600 Whalley Avenue

City:

State:

Zip:

New Haven

CONNECTICUT

06511

Country:

Owner or Beneficiary:

Beechwood Gardens Association

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.

Beechwood Gardens Association

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

Street Address 1:

Street Address 2:

466/476 Legion Avenue

City:

State:

Zip:

New Haven

CONNECTICUT

06511

Country:

Owner or Beneficiary:

BHP Limited Partnership

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.

BHP Limited Partnership

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

Street Address 1:

Street Address 2:

3 - 5 Sherman Avenue

City:

State:

Zip:

New Haven

CONNECTICUT

06511

Country:

Owner or Beneficiary:

BHP Limited Partnership

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.

BHP Limited Partnership

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

Street Address 1:

Street Address 2:

672 Howard Avenue

City:

State:

Zip:

New Haven

CONNECTICUT

06519

Country:

Owner or Beneficiary:

GAP Hill Assoc. Limited Partnership

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.

GAP Hill Assoc. Limited Partnership

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

Street Address 1:

Street Address 2:

46,56 Auburn Street

City:

State:

Zip:

New Haven

CONNECTICUT

06519

Country:

Owner or Beneficiary:

BHP Limited Partnership

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.

BHP Limited Partnership

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

Street Address 1:

Street Address 2:

290 N. Main Street

City:

State:

Zip:

Ansonia

CONNECTICUT

06515

Country:

Owner or Beneficiary:

Capitol Assoc. Limited Partnership

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.

Capitol Assoc. Limited Partnership

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

Street Address 1:

Street Address 2:

573 Dixwell Avenue / 200 Shelton Avenue

City:

State:

Zip:

New Haven

CONNECTICUT

06511

Country:

Owner or Beneficiary:

Presidential Assoc. Limited Partnership

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.

Presidential Assoc. Limited Partnership

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

Street Address 1:

Street Address 2:

169, 170/215 Shelton Avenue

City:

State:

Zip:

New Haven

CONNECTICUT

06511

Country:

Owner or Beneficiary:

Village West Limited Partnership

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.

Village West Limited Partnership

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

Street Address 1:

Street Address 2:

463 Congress Avenue

City:

State:

Zip:

New Haven

CONNECTICUT

06519

Country:

Owner or Beneficiary:

Renaissance Hill Limited Partnership

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.

Renaissance Hill Limited Partnership

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

Street Address 1:

Street Address 2:

122 Davenport Avenue

City:

State:

Zip:

New Haven

CONNECTICUT

06519

Country:

Owner or Beneficiary:

Renaissance Hill Limited Partnership

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.

Renaissance Hill Limited Partnership

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

Street Address 1:

Street Address 2:

3-5, 11,12, 15,16, 17, 21, 23 Vernon Street

City:

State:

Zip:

New Haven

CONNECTICUT

06519

Country:

Owner or Beneficiary:

Renaissance Hill Limited Partnership

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.

Renaissance Hill Limited Partnership

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

Street Address 1:

Street Address 2:

160 Hazel Street

City:

State:

Zip:

New Haven

CONNECTICUT

06511

Country:

Owner or Beneficiary:

Presidential Assoc. Limited Partnership

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.

Presidential Assoc. Limited Partnership

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

Street Address 1:

Street Address 2:

23, 25-35 Ward Street

City:

State:

Zip:

New Haven

CONNECTICUT

06519

Country:

Owner or Beneficiary:

Renaissance Hill Limited Partnership

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.

Renaissance Hill Limited Partnership

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

Street Address 1:

Street Address 2:

215 220-222 Division Street

City:

State:

Zip:

New Haven

CONNECTICUT

06511

Country:

Owner or Beneficiary:

Village West Limited Partnership

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.

Village West Limited Partnership

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

Street Address 1:

Street Address 2:

74 Dwight Street

City:

State:

Zip:

New Haven

CONNECTICUT

06511

Country:

Owner or Beneficiary:

Wendell C. Harp

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:

75/77 Brewster Street

City:

State:

Zip:

New Haven

CONNECTICUT

06511

Country:

Owner or Beneficiary:

Wendell C. Harp

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:

80 Dwight Street

City:

State:

Zip:

New Haven

CONNECTICUT

06511

Country:

Owner or Beneficiary:

Wendell C. Harp

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:

22 Lynwood Place

City:

State:

Zip:

New Haven

CONNECTICUT

06511

Country:

Owner or Beneficiary:

Wendell C. Harp

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:

300 Whalley Avenue

City:

State:

Zip:

New Haven

CONNECTICUT

06511

Country:

Owner or Beneficiary:

DJM Enterprises, Inc.

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.

DJM Enterprises, Inc.

<b>BUSINESSES</b>		
<b>BUSINESS (WITH WHICH ASSOCIATED)</b>		
<input type="checkbox"/> If you are not associated with any business		
<b>Name of Business:</b>		
Architects Environmental Collaborative		
<b>Street Address 1:</b>		<b>Street Address 2:</b>
300 Whalley Avenue		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
New Haven	CONNECTICUT	06511
<b>Nature of Business:</b>	<b>Nature of Interest:</b>	
Architectural Firm	Owner	
<b>Interest Held By:</b>		
Spouse		
<b>Business Affiliation</b>		
<b>Category of Affiliated Business/Individual:</b>		
No affiliation		
<b>Business Affiliation</b>		
<b>Category of Affiliated Business/Individual:</b>		
No affiliation		

<b>Name of Business:</b>		
Renaissance Management Corporation		
<b>Street Address 1:</b>		<b>Street Address 2:</b>
300 Whalley Avenue		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
New Haven	CONNECTICUT	06511
<b>Nature of Business:</b>		<b>Nature of Interest:</b>
Property Management		Owner
<b>Interest Held By:</b>		
Spouse		
<b>Business Affiliation</b>		
<b>Category of Affiliated Business/Individual:</b>		
(2) A person that the filer knows or has reason to know is doing business with, or seeking to do business with the state		
<b>Name of Business/Individual:</b>		
Wendell C. Harp		
<b>Street Address 1:</b>		<b>Street Address 2:</b>
300 Whalley Avenue		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
New Haven	CONNECTICUT	06511
<b>Type of Business Affiliation:</b>		<b>Date Business Affiliation was Created:</b>
Owner		01/01/1975

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

(2) A person that the filer knows or has reason to know is doing business with, or seeking to do business with the state

**Name of Business/Individual:**

Wendell C. Harp

**Street Address 1:**

300 Whalley

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

New Haven

**State:**

CONNECTICUT

**Zip:**

06511

**Type of Business Affiliation:**

Owner

**Date Business Affiliation was Created:**

01/01/1975

**Name of Business:**

Renaissance Center Development Assoc.

**Street Address 1:**

300 Whalley Avenue

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

New Haven

**State:**

CONNECTICUT

**Zip:**

06511

**Nature of Business:**

Development of Res/Com/Retail Activities

**Nature of Interest:**

Owner

**Interest Held By:**

Spouse

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

No affiliation

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

No affiliation

<b>Name of Business:</b>		
DJM Enterprises, Inc.		
<b>Street Address 1:</b>		<b>Street Address 2:</b>
300 Whalley Avenue		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
New Haven	CONNECTICUT	06511
<b>Nature of Business:</b>		<b>Nature of Interest:</b>
retail, commercial, stores & office operations		Owner
<b>Interest Held By:</b>		
Spouse		
<b>Business Affiliation</b>		
<b>Category of Affiliated Business/Individual:</b>		
No affiliation		
<b>Business Affiliation</b>		
<b>Category of Affiliated Business/Individual:</b>		
No affiliation		
<b>Name of Business:</b>		
West Wind Development Corporation		
<b>Street Address 1:</b>		<b>Street Address 2:</b>
308 Whalley Avenue		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
New Haven	CONNECTICUT	06511
<b>Nature of Business:</b>		<b>Nature of Interest:</b>
Gas Station/Conv. Store		Owner
<b>Interest Held By:</b>		
Spouse		

**Business Affiliation**

**Category of Affiliated Business/Individual:**  
No affiliation

**Business Affiliation**

**Category of Affiliated Business/Individual:**  
No affiliation

**Name of Business:**  
Concepts for Adaptive Learning

**Street Address 1:** One Tower Parkway  
**Street Address 2:**

**City:** New Haven  
**State:** CONNECTICUT  
**Zip:** 06519

**Nature of Business:** Computer Training  
**Nature of Interest:** director

**Interest Held By:**  
Self

**Business Affiliation**

**Category of Affiliated Business/Individual:**  
(2) A person that the filer knows or has reason to know is doing business with, or seeking to do business with the state

**Name of Business/Individual:**  
Concepts for Adaptive Learning

**Street Address 1:** One Tower Parkway  
**Street Address 2:**

**City:** New Haven  
**State:** CONNECTICUT  
**Zip:** 06519

**Type of Business Affiliation:** director  
**Date Business Affiliation was Created:** 01/01/2004

Business Affiliation		
<b>Category of Affiliated Business/Individual:</b>		
No affiliation		
<b>Name of Business:</b>		
Hill Health Corporation		
<b>Street Address 1:</b>		<b>Street Address 2:</b>
400 Columbus Avenue		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
New Haven	CONNECTICUT	06519
<b>Nature of Business:</b>	<b>Nature of Interest:</b>	
Community Health Clinic	Employee	
<b>Interest Held By:</b>		
Self		

Business Affiliation		
<b>Category of Affiliated Business/Individual:</b>		
(2) A person that the filer knows or has reason to know is doing business with, or seeking to do business with the state		
<b>Name of Business/Individual:</b>		
Hill Health Corporation		
<b>Street Address 1:</b>		<b>Street Address 2:</b>
400 Columbus Avenue		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
New Haven	CONNECTICUT	06519
<b>Type of Business Affiliation:</b>	<b>Date Business Affiliation was Created:</b>	
Community Health Center	05/01/1969	

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

**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:**

Hill Health Center

**Recipient:**

Self

**Description of Source:**

Salary/Wages

**Name of Employer or Other Source:**

General Assembly

**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)

State Agency:

Name of Contractor:

Hill Health Center

Contract ID#:

111100000

Contract Amount:

\$117000.00

Length of Contract:

Nature of Contract:

provide health service

State Agency:

Name of Contractor:

Hill Health Center

Contract ID#:

11077

Contract Amount:

\$65000.00

Length of Contract:

Nature of Contract:

nursing services

State Agency:

Department of Social Services

Name of Contractor:

Hill Health Corporation

Contract ID#:

093HHC-ESS-18/07DSS3701MV

Contract Amount:

\$121000.00

Length of Contract:

2 Years 0 Months

Nature of Contract:

Homeless Health Services

<b>State Agency:</b>	
Department of Mental Health & Addiction Services	
<b>Name of Contractor:</b>	
Hill Health Corporation	
<b>Contract ID#:</b>	<b>Contract Amount:</b>
03MHA2100AA	\$75000.00
<b>Length of Contract:</b>	<b>Nature of Contract:</b>
1 Years 0 Months	Nurse/Case Management

**CONFIDENTIAL ADDENDUM**

**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.**

<b>Name:</b>	Toni N Harp
<b>Filed Date and Time:</b>	04/28/2010 12:23 PM