

Statement of Financial Interests for 2008



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

OCCUPATION	
Current State Position:	Membership:
Connecticut General Assembly	Senator
Name of District:	
5	
<input type="checkbox"/> If you have held a different state position or left state service in 2008	
Previous State Position:	Membership:
Name of Agency:	

SPOUSE	
<input type="checkbox"/> 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:

170 Conrad Drive

Street Address 2:

City:

New Haven

State:

CONNECTICUT

Zip:

06515

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:

26 Lynwood Place

Street Address 2:

City:

New Haven

State:

CONNECTICUT

Zip:

06511

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.

BUSINESSES

BUSINESS (WITH WHICH ASSOCIATED)

If you are not associated with any business

Name of Business:

Hill Health Corporation

Street Address 1:

400 Columbus Avenue

Street Address 2:

City:

New Haven

State:

CONNECTICUT

Zip:

06519

Nature of Business:

Community Health Clinic

Nature of Interest:

Employee

Interest Held By:

Self

Part - A

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:

Hill Health Corporation

Street Address 1:

400 Columbus Avenue

Street Address 2:

City:

New Haven

State:

CONNECTICUT

Zip:

06519

Nature of Business:

Community Health

Type of Business Affiliation:

Community Health Center

Date Business Affiliation was Created:

05/01/1969

Part - B

Category of Affiliated Business/Individual:

No affiliation

Name of Business:

Architects Environmental Collaborative

Street Address 1:

300 Whalley Avenue

Street Address 2:

City:

New Haven

State:

CONNECTICUT

Zip:

06511

Nature of Business:

Architectural Firm

Nature of Interest:

Owner

Interest Held By:

Spouse

Part - A

Category of Affiliated Business/Individual:

No affiliation

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

Part - A

Category of Affiliated Business/Individual:

No affiliation

Name of Business:

DJM Enterprises, Inc.

Street Address 1:

300 Whalley Avenue

Street Address 2:

City:

New Haven

State:

CONNECTICUT

Zip:

06511

Nature of Business:

retail, commercial, stores & office operations

Nature of Interest:

Owner

Interest Held By:

Spouse

Part - A

Category of Affiliated Business/Individual:

No affiliation

Name of Business:

West Wind Development Corporation

Street Address 1:

308 Whalley Avenue

Street Address 2:

City:

New Haven

State:

CONNECTICUT

Zip:

06511

Nature of Business:

Gas Station/Conv. Store

Nature of Interest:

Owner

Interest Held By:

Spouse

Part - A**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

Part - A**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

Nature of Business:

Computer Training

Type of Business Affiliation:

director

Date Business Affiliation was Created:

01/01/2004

Part - B

Category of Affiliated Business/Individual:

No affiliation

Name of Business:

Architects Environmental Collaborative

Street Address 1:

300 Whalley Avenue

Street Address 2:

City:

New Haven

State:

CONNECTICUT

Zip:

06511

Nature of Business:

Architectural Firm

Nature of Interest:

Owner

Interest Held By:

Spouse

Part - B

Category of Affiliated Business/Individual:

No affiliation

Name of Business:

Renaissance Management Corporation

Street Address 1:

300 Whalley Avenue

Street Address 2:

City:

New Haven

State:

CONNECTICUT

Zip:

06511

Nature of Business:

Property Management

Nature of Interest:

Owner

Interest Held By:

Spouse

Part - A

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 Avenue

Street Address 2:**City:**

New Haven

State:

CONNECTICUT

Zip:

06511

Nature of Business:

Residential management

Type of Business Affiliation:

Owner

Date Business Affiliation was Created:

01/01/1975

Part - B

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

Nature of Business:

Residential Management

Type of Business Affiliation:

Owner

Date Business Affiliation was Created:

01/01/1975

Name of Business:		
Renaissance Center Development Assoc.		
Street Address 1:		Street Address 2:
300 Whalley Avenue		
City:	State:	Zip:
New Haven	CONNECTICUT	06511
Nature of Business:		Nature of Interest:
Development of Res/Com/Retail Activities		Owner
Interest Held By:		
Spouse		

Part - B

Category of Affiliated Business/Individual:
No affiliation

Name of Business:		
DJM Enterprises, Inc.		
Street Address 1:		Street Address 2:
300 Whalley Avenue		
City:	State:	Zip:
New Haven	CONNECTICUT	06511
Nature of Business:		Nature of Interest:
retail, commercial, stores & office operations		Owner
Interest Held By:		
Spouse		

Part - B

Category of Affiliated Business/Individual:
No affiliation

Name of Business:		
West Wind Development Corporation		
Street Address 1:		Street Address 2:
308 Whalley Avenue		
City:	State:	Zip:
New Haven	CONNECTICUT	06511
Nature of Business:		Nature of Interest:
Gas Station/Conv. Store		Owner
Interest Held By:		
Spouse		
Part - B		
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)

Name of Employer or Other Source:

Hill Health Center

Description of Source:

Salary/Wages

Recipient:

Self

Name of Employer or Other Source:

General Assembly

Description of Source:

Salary/Wages

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 lease(s)

CONTRACTS

If you do not have a 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

State Agency:	
Department of Mental Health & Addiction Services	
Name of Contractor:	
Hill Health Corporation	
Contract ID#:	Contract Amount:
03MHA2100AA	\$75000.00
Length of Contract:	Nature of Contract:
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 2008

I have read and agree to all above certifications.

Name:	Toni N Harp
Filed Date and Time:	04/30/2009 6:04 PM