

Statement of Financial Interests for 2009



PERSONAL INFORMATION		
First Name and Middle initial:	Last Name:	
Jonathan A	Harris	
Street Address 1:	Street Address 2:	
71 Emily Way		
City:	State:	Zip:
West Hartford	CONNECTICUT	06107
<input type="checkbox"/> If you are claiming an exemption from disclosure for this property under FOIA		
Phone Number:	Email Address:	
(860) 240-0567	Harris@senatedems.ct.gov	

OCCUPATION	
<input type="checkbox"/> Current Dual Employment	
Current State Position:	Membership:
Connecticut General Assembly	Senator - Other
Name of District:	
5	
<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:

Lucy B Harris

FAMILY MEMBERS (CHILDREN)

If you do not have dependent children

Child First Name and Initial: Child Last Name:

Spencer A Morin

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:

101A Shadow Lane

City: State: Zip:

West Hartford CONNECTICUT 06110

Country:

Owner or Beneficiary:

Jonathan A Harris

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:

Harris Collaborations, LLC

Street Address 1:

321 Main St

Street Address 2:

City:

Farmington

State:

CONNECTICUT

Zip:

06032

Nature of Business:

Real Estate

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:		
Harris Group Venture Management, LLC		
Street Address 1:		Street Address 2:
321 Main St		
City:	State:	Zip:
West Hartford	CONNECTICUT	06032
Nature of Business:		Nature of Interest:
Real Estate		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:		
Harris Realty, LLC		
Street Address 1:		Street Address 2:
321 Main St		
City:	State:	Zip:
West Hartford	CONNECTICUT	06032
Nature of Business:		Nature of Interest:
Real Estate		owner
Interest Held By:		
Self		

Business Affiliation

Category of Affiliated Business/Individual:

No affiliation

Business Affiliation

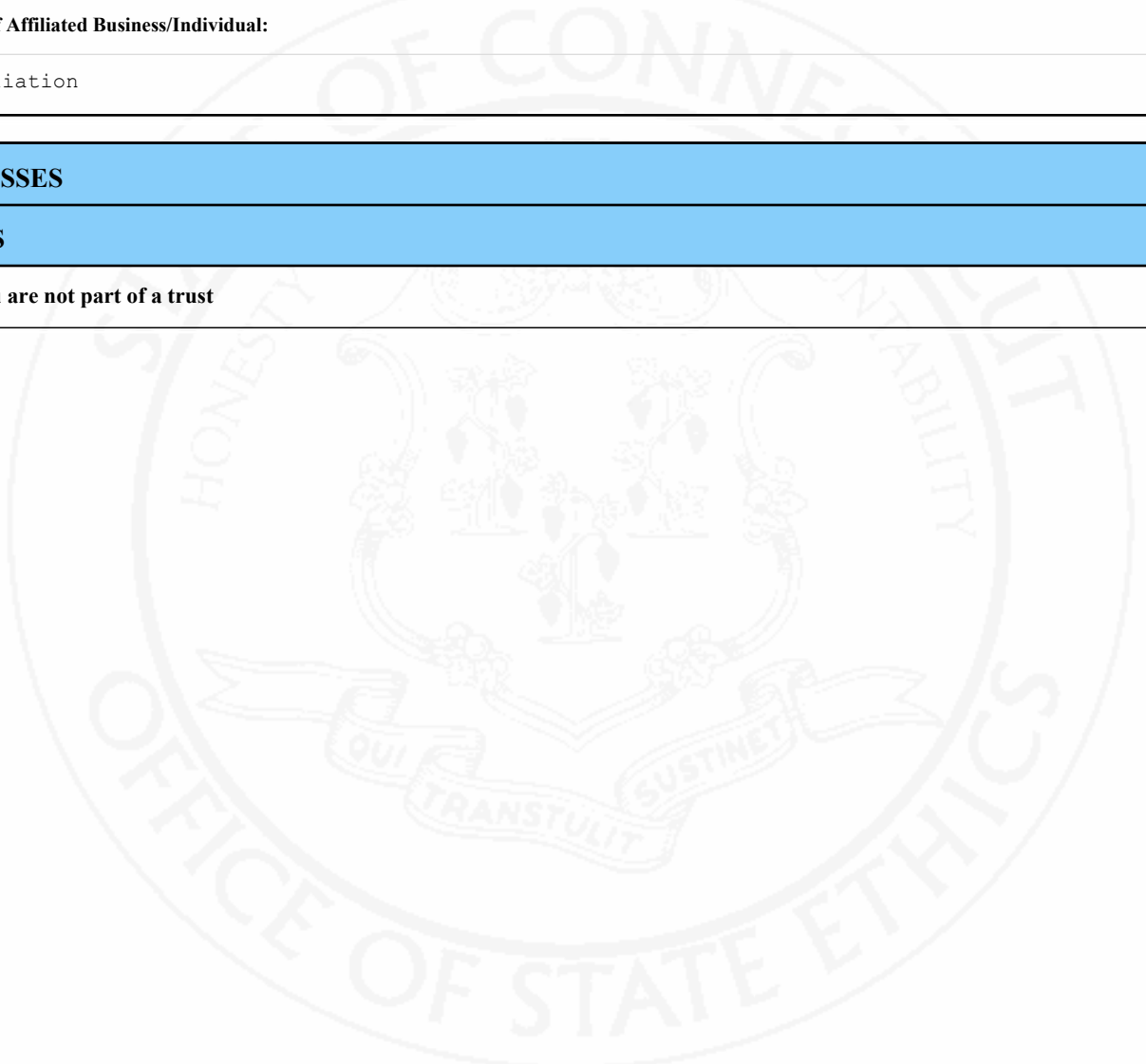
Category of Affiliated Business/Individual:

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:

State of Connecticut

Recipient:

Self

Description of Source:

Salary/Wages

Name of Employer or Other Source:

Furey, Donovan, Tracy & Daly

Recipient:

Self

Description of Source:

Salary/Wages

Name of Employer or Other Source:

United Health Group

Recipient:

Spouse

Description of Source:

Sale of Condominium

Name of Employer or Other Source:

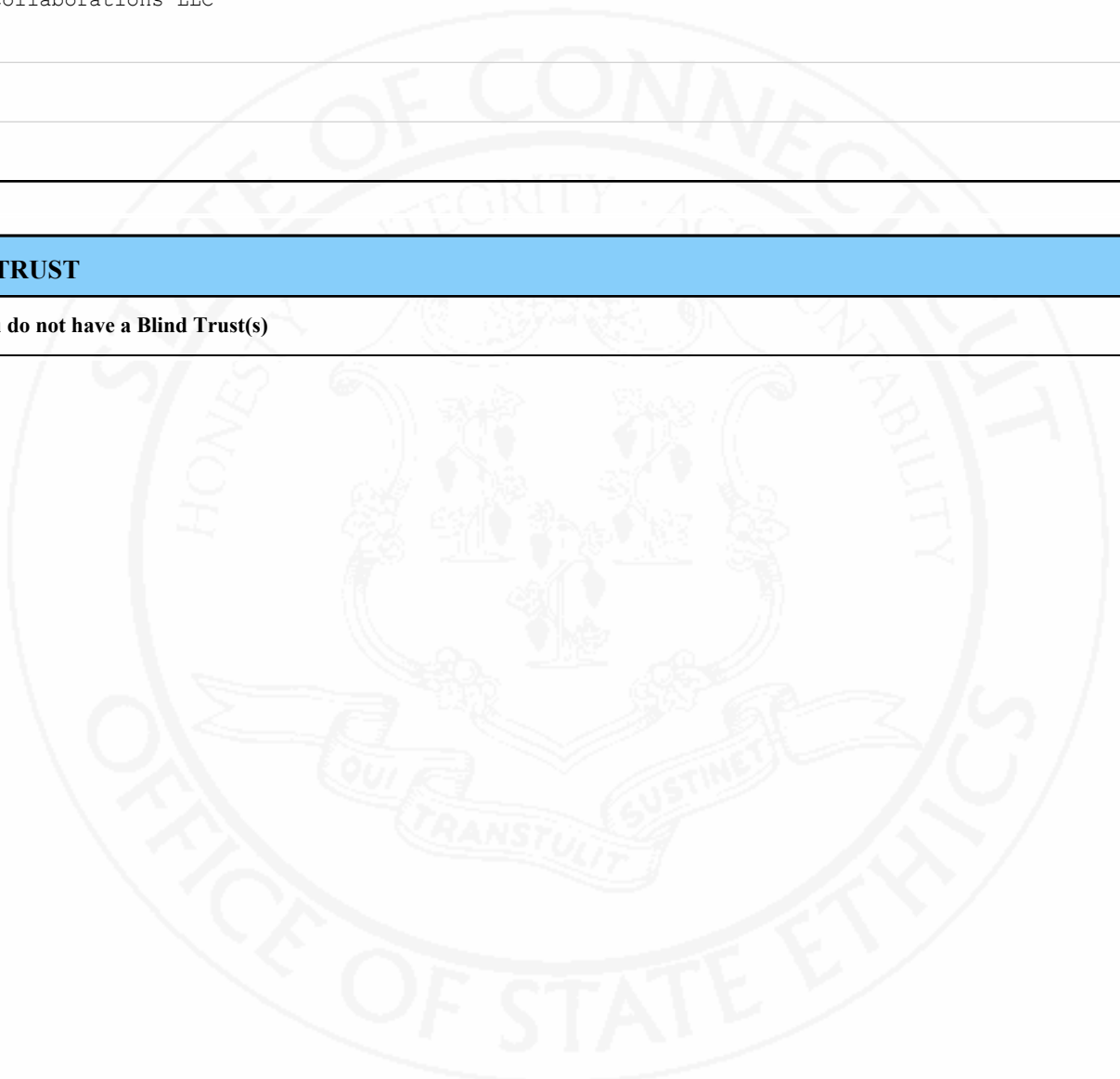
Elizabeth M Porter

Recipient:

Self

Description of Source:
Salary/Wages
Name of Employer or Other Source:
Harris Collaborations LLC
Recipient:
Self

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:

MUNDER NET NET FUND CLASS C

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:

Seligman 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:

American Funds Euro Pacific Growth

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.

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 Mortgage

Street Address 1:

6717 Grade Lane

Street Address 2:

City :

Louisville

State:

KENTUCKY

Zip:

40213

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:

Jonathan A Harris

Filed Date and Time:

04/30/2010 12:17 PM