

Statement of Financial Interests for 2009



PERSONAL INFORMATION		
First Name and Middle initial:	Last Name:	
John F	Hennessy	
Street Address 1:	Street Address 2:	
556 Savoy St.		
City:	State:	Zip:
Bridgeport	CONNECTICUT	06606
<input type="checkbox"/> If you are claiming an exemption from disclosure for this property under FOIA		
Phone Number:	Email Address:	
(860) 240-8585	Jack.Hennessy@cga.ct.gov	

OCCUPATION	
<input type="checkbox"/> Current Dual Employment	
Current State Position:	Membership:
Connecticut General Assembly	Representative - Other
Name of District:	
127	
<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:

Lindy A Hennessy

FAMILY MEMBERS (CHILDREN)

If you do not have dependent children

Child First Name and Initial: Child Last Name:

Shane M Hennessy

Meisha S Hennessy

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:

556 Savoy St.

City: State: Zip:

Bridgeport CONNECTICUT 06606

Country:

Owner or Beneficiary:

John & Lindy Hennessy

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

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:

Connecticut General Assembly

Recipient:

Self

Description of Source:

Salary/Wages

Name of Employer or Other Source:

Federal Express

Recipient:

Self

Description of Source:

Salary/Wages

Name of Employer or Other Source:

Health in a Hurry

Recipient:

Spouse

Description of Source:

Inheritance

Name of Employer or Other Source:

The estate of John Hennessy

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

Security Name:

Federal Express Stock

Owner or beneficiary if held by another:

Self

Held Directly?:

Held By:

Computershare Trust Company

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

Security Name:

Con Edison

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:

VanguardTotal Bond Mkt Index

Owner or beneficiary if held by another:

Self

Held Directly?:

Held By:

Vanguard

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

Security Name:	Vanguard WEllington FUnd
Owner or beneficiary if held by another:	Self
<input type="checkbox"/> Held Directly?:	
Held By:	Vanguard
	Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:	Vanguard Primecap Fund
Owner or beneficiary if held by another:	Self
<input type="checkbox"/> Held Directly?:	
Held By:	Vanguard
	Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:	Vanguard Extended Mkt Index Signal
Owner or beneficiary if held by another:	Self
<input type="checkbox"/> Held Directly?:	
Held By:	Vanguard
	Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:	Vanguard 500 Index Fund Signal
Owner or beneficiary if held by another:	Self
<input type="checkbox"/> Held Directly?:	
Held By:	Vanguard
	Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:	Vanguard Total Int'l Stock Index
Owner or beneficiary if held by another:	Self
<input type="checkbox"/> Held Directly?:	
Held By:	Vanguard
	Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:	CHET (two children)
Owner or beneficiary if held by another:	Dependent Residing in Household
<input type="checkbox"/> Held Directly?:	
Held By:	TIAA-CREF Individual & Institutional Services, LLC
	Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:	Ford Motor Company Stock
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:	MetLife Annuity
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:	
MetLife Annuity	
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:	
Microsoft (all children)	
Owner or beneficiary if held by another:	
Dependent Residing in Household	
<input type="checkbox"/> Held Directly?:	
Held By:	
Merrill Lynch	Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:	
State of Florida Municipal Bonds	
Owner or beneficiary if held by another:	
Self	
<input type="checkbox"/> Held Directly?:	
Held By:	
Merrill Lynch	Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:	
Comcast Corp. New CL A	
Owner or beneficiary if held by another:	
Self	
<input type="checkbox"/> Held Directly?:	
Held By:	
Merrill Lynch	Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:	Eli Lilly & Co
Owner or beneficiary if held by another:	Self
<input type="checkbox"/> Held Directly?:	
Held By:	Medrill Lynch
	Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:	EXXON MOBIL CORP COM
Owner or beneficiary if held by another:	Self
<input type="checkbox"/> Held Directly?:	
Held By:	Merrill Lynch
	Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:	General Electric
Owner or beneficiary if held by another:	Self
<input type="checkbox"/> Held Directly?:	
Held By:	Merrill Lynch
	Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:	Procter & Gamble Co
Owner or beneficiary if held by another:	Self
<input type="checkbox"/> Held Directly?:	
Held By:	Merrill Lynch
	Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
US Treasury Income Guar Rcpts
Owner or beneficiary if held by another:
Dependent Residing in Household
<input type="checkbox"/> Held Directly?:
Held By:
New York Bank Mellon
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.

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:	John F Hennessy
Filed Date and Time:	04/27/2010 9:13 PM