

Statement of Financial Interests for 2009



PERSONAL INFORMATION		
First Name and Middle initial:	Last Name:	
Maryanne	Hornish	
Street Address 1:	Street Address 2:	
53 Whitman Drive		
City:	State:	Zip:
Granby	CONNECTICUT	06035
<input type="checkbox"/> If you are claiming an exemption from disclosure for this property under FOIA		
Phone Number:	Email Address:	
(860) 240-8585	maryanne.hornish@cga.ct.gov	

OCCUPATION	
<input type="checkbox"/> Current Dual Employment	
Current State Position:	Membership:
Connecticut General Assembly	Representative - Other
Name of District:	
62	
<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

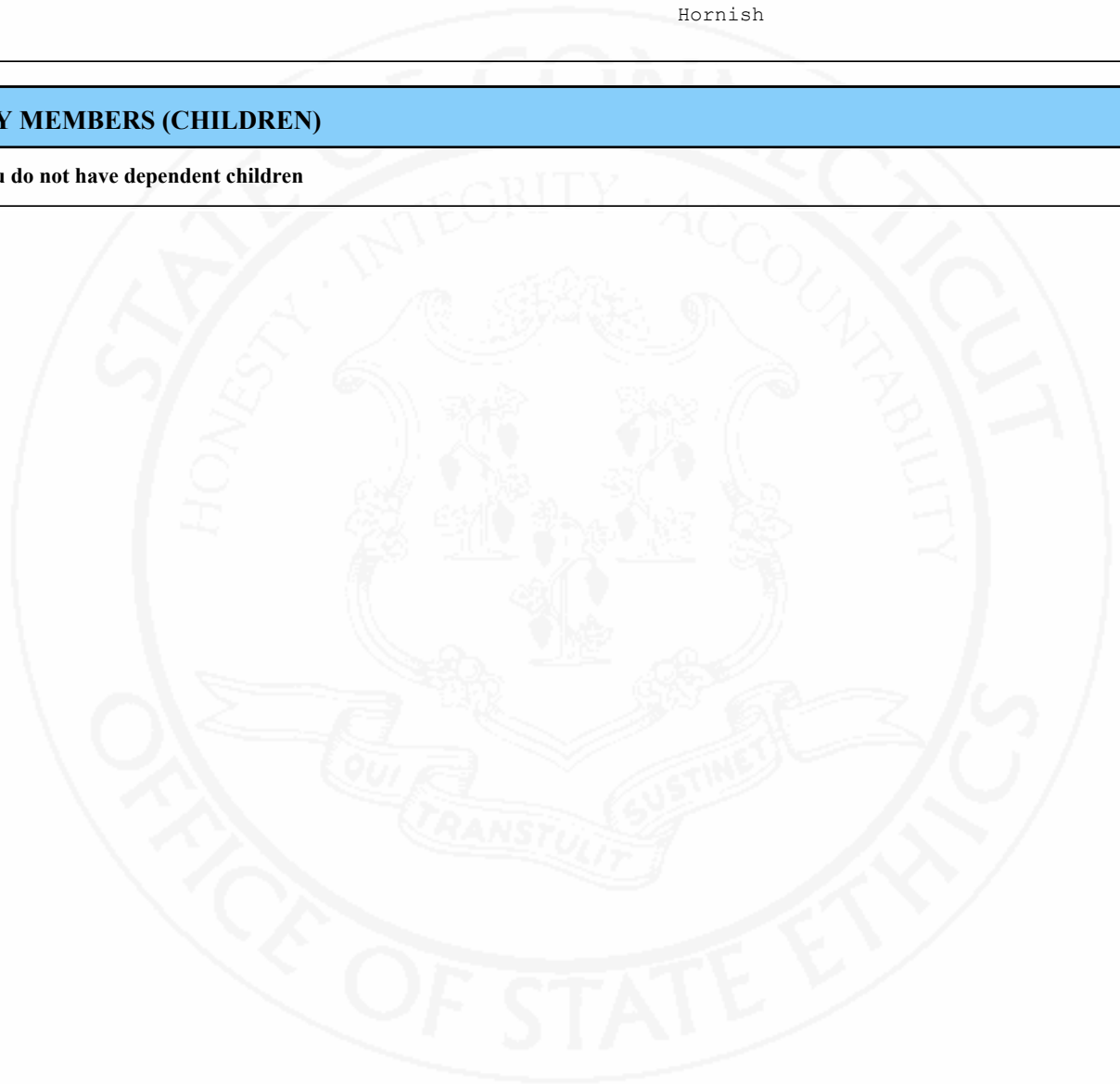
If you do not have a Spouse

Spouse First Name and Initial: Spouse Last Name:

Neil J Hornish

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:

53 Whitman Drive

City:

State:

Zip:

Granby

CONNECTICUT

06035

Country:

Owner or Beneficiary:

Neil J. Hornish

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:

53 Whitman Drive

City:

State:

Zip:

Granby

CONNECTICUT

06035

Country:

Owner or Beneficiary:

Neil J. Hornish

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:

Compassionate Living Project

Street Address 1: **Street Address 2:**

P.O. Box 202

City: **State:** **Zip:**

Granby CONNECTICUT 06035

Nature of Business: **Nature of Interest:**

humane education founder, President

Interest Held By:

Spouse

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:

Baystate Health

Recipient:

Self

Description of Source:

Salary/Wages

Name of Employer or Other Source:

State salary

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:

UTX, SDS, Buffalo Funds

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.

LEASES

If you do not have a State lease(s)

CONTRACTS

If you do not have a State contract(s)

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.

Name:

Maryanne Hornish

Filed Date and Time:

04/28/2010 12:53 PM