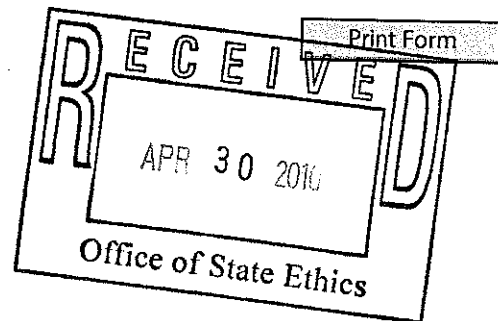




State of Connecticut  
Office of State Ethics  
18-20 Trinity Street  
Hartford, CT 06106-1660



**ANNUAL STATEMENT OF FINANCIAL INTERESTS**  
For calendar year 2009

**GENERAL NOTICE TO FILERS**

- Instructions for each section are contained at the beginning of each section. Fill in each section with the information required. If you need additional fields or pages, please photocopy the appropriate pages and attach them to this form.
- In addition to this form, you also must complete the Confidential Addendum. If you did not receive a Confidential Addendum with this form, please contact the Office of State Ethics for a copy.
- Under Connecticut General Statutes, Section 1-83, a person who, at any time during 2010 prior to March 31, occupies a position in state government which requires the filing of a Statement of Financial Interests for calendar year 2009 shall do so on or before May 1, 2010. In addition, any person assuming such position after March 31, 2010, shall file a Statement of Financial interests for calendar year 2009 within 30 days of assuming such position. Regs., Conn. State Agencies § 1-81-2. Each individual filer is required to provide information about themselves, their spouse, and dependent children who reside in the individual's household. Regs., Conn. State Agencies § 1-81-3.
- A person who leaves a position which requires the filing of a Statement of Financial Interests, within thirty days of his or her departure, will be notified by the Office of State Ethics of the requirement to file a Statement of Financial Interests for the portion of the calendar year served. Such person must file the statement within 60 days after receipt of notification from the Office of State Ethics. Conn. Gen. Stat. § 1-83(a)(1).
- Under Connecticut General Statutes, Section 1-83(d), any individual who is unable to provide information by reason of impossibility may petition the board for a waiver of the requirements.
- **NOTE:** If you have any questions regarding the information requested by this form, please contact the Office of State Ethics - Legal Division at 860-263-2400 or [sfi.ose@ct.gov](mailto:sfi.ose@ct.gov).

1. Filer's Personal Information:

First Name:

Middle Initial:

Last Name:

State of Connecticut Phone:    ext.:

State of Connecticut E-mail:

2. Spouse Information:  
If you do not have a spouse, please check this box:

First Name: Megan MI: E Last Name: McKinney

3. Dependent Children Residing in Filer's Household:  
If you do not have dependent children residing in your household, please check this box:

First Name: <u>Matthew</u>	MI: <u>B</u>	Last Name: <u>McKinney</u>
First Name: <u>Graysen</u>	MI: <u>E</u>	Last Name: <u>McKinney</u>
First Name: <u>Katherine</u>	MI: <u>S</u>	Last Name: <u>McKinney</u>

4. Filer's Current State Position:  
*Please complete Section A or B.*

A. Member of the General Assembly:

<input checked="" type="checkbox"/> Senator	District No. <u>28</u>
<input type="checkbox"/> Representative	District No. _____

B. Member of the Executive Branch:

Name of Public or Quasi-Public Agency:

Title:

5. (If applicable) Filer's Previous State Position(s): *Please complete this section if you held a different state position during 2009 or left state service in 2009. Please list all state positions you held in 2009.*

A. Member of the General Assembly:

<input checked="" type="checkbox"/> Senator	District No. <u>28</u>
<input type="checkbox"/> Representative	District No. _____

B. Member of the Executive Branch:

Name of Public or Quasi-Public Agency:

Title:

**INSTRUCTIONS FOR REAL PROPERTY (Section 6)**

- List all real property owned by you, your spouse, dependent children residing in your household, or held in the name of a corporation, partnership, or trust for the benefit of you, your spouse or dependent children residing in your household. Please list any property owned, bought or sold at any time during the calendar year, including any time-share property ownership.
- Include property even if it is subject to a mortgage.

**NOTICE REGARDING THE FREEDOM OF INFORMATION ACT EXEMPTION**

If any individual listed under sections 1, 2 or 3 on page one and two of this form is one of the following:

- A federal court judge, federal court magistrate, judge of the Superior Court, Appellate Court or Supreme Court of the state, or family support magistrate;
- A sworn member of a municipal police department, a sworn member of the Division of State Police within the Department of Public Safety or a sworn law enforcement officer within the Department of Environmental Protection;
- An employee of the Department of Correction;
- An attorney-at-law who represents or has represented the state in a criminal prosecution;
- An attorney-at-law who is or has been employed by the Public Defender Services Division or a social worker who is employed by the Public Defender Services Division;
- An inspector employed by the Division of Criminal Justice;
- A firefighter;
- An employee of the Department of Children and Families;
- A member or employee of the Board of Pardons and Paroles;
- An employee of the judicial branch;
- An employee of the Department of Mental Health and Addiction Services who provides direct care to patients; or
- A member or employee of the Commission on Human Rights and Opportunities.

**and resides in your household, the Office of State Ethics may not disclose, under section 1-217 of the Freedom of Information Act ("FOIA"), the residential address of any such individual. Please note that business addresses are not exempt from disclosure under FOIA.**

**If you claim exemption from disclosure of the residential address, pursuant to §1-217 of the FOIA, please check the appropriate box next to each listing of real property. Please note that if you claim the FOIA exemption, you are still required to provide the requested property information.**

6. Real Property and Location:

If you do not own real property please check this box:

Street:

City:  State:  Zip:

Owner or Beneficiary:

Held Directly:  Yes  No

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. This information is required if the property is not directly held.

Held By:

If you claim exemption from disclosure for this property under FOIA please check this box:

Additional Real Property:

Street:

City:  State:  Zip:

Owner or Beneficiary:

Held Directly:  Yes  No

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. This information is required if the property is not directly held.

Held By:

If you claim exemption from disclosure for this property under FOIA please check this box:

6. Real Property and Location:

If you do not own real property please check this box:

Street: 300 South Gate Lane

City: Southport State: CT Zip: 06890

Owner or Beneficiary: John McKinney

Held Directly:  Yes  No

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. This information is required if the property is not directly held.

Held By:

If you claim exemption from disclosure for this property under FOIA please check this box:

Additional Real Property:

Street: 272 Quincy Street

City: Fairfield State: CT Zip: 06824

Owner or Beneficiary: John and Megan McKinney

Held Directly:  Yes  No

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. This information is required if the property is not directly held.

Held By:

If you claim exemption from disclosure for this property under FOIA please check this box:

**INSTRUCTIONS FOR BUSINESSES WITH WHICH ASSOCIATED (Sections 7 - 10)**

- List all businesses with which you, your spouse, children or dependent relatives residing in your household, are associated if:  
The business is a sole proprietorship, partnership, firm, corporation, trust, or other entity through which business for profit or not-for-profit is conducted  
**AND**  
At any time during the calendar year (covering that portion of the year in which you held state office), you or a member of your immediate family was a director, officer, owner, limited or general partner, trust beneficiary, or holder of stock constituting five percent or more of the total outstanding stock of any class.
- You must list all businesses associated with, whether for profit or not-for-profit, unless you, or a member of your immediate family, were an **unpaid** director or officer of a not-for-profit entity.
- For purposes of sections 7 through 10, "Officer" refers only to the president, executive vice-president, senior vice-president, or treasurer of a business.
- For purposes of section 9, "Trust" means a trust in which, at any time during the calendar year, you or a member of your immediate family had a present or future interest which exceeded ten percent of the value of the trust or exceeded fifty thousand dollars, whichever was less. "Trust" does not include a blind trust established by you or a member of your immediate family for the purpose of divestiture of all control and knowledge of assets.

**7. Sole proprietorship, partnership, firm, corporation or other business for profit:**

If this section does not apply to you, please check this box:

Name of Business:

Street:

City:  State:  Zip:

Nature of Business:

Nature of Interest:   
*(e.g., owner, director, etc.)*

Interest Held By:  Self  Spouse  Joint  Dependent Residing in Household

**Sole proprietorship, partnership, firm, corporation or other business for profit:**

Name of Business:

Street:

City:  State:  Zip:

Nature of Business:

Nature of Interest:   
*(e.g., owner, director, etc.)*

Interest Held By:  Self  Spouse  Joint  Dependent Residing in Household

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**8. Non-Profit Organizations:** (e.g., charity, educational institution, etc.)

If this section does not apply to you, please check this box:

Name of Non-Profit:

Street:

City:  State:  Zip:

Nature of Business:

Nature of Interest:   
*(e.g., owner, director, etc.)*

Interest Held By:  Self  Spouse  Joint  Dependent Residing in Household

**Non-Profit Organizations:** (e.g., charity, educational institution, etc.)

Name of Non-Profit:

Street:

City:  State:  Zip:

Nature of Business:

Nature of Interest:   
*(e.g., owner, director, etc.)*

Interest Held By:  Self  Spouse  Joint  Dependent Residing in Household

**9. Trusts:**

If this section does not apply to you, please check this box:

Name of Trust:

Name of Trustee(s):

Beneficiary:  Self  Spouse  Joint  Dependent Residing in Household

Name of Trust:

Name of Trustee(s):

Beneficiary:  Self  Spouse  Joint  Dependent Residing in Household

**INSTRUCTIONS FOR BUSINESS AFFILIATIONS (Section 10)**

For purposes of this question, "similar business affiliation" means any association of persons jointly undertaking or owning a commercial enterprise in which there is:

- (1) a community of interest among such persons in the performance of the subject matter of such enterprise;
- (2) a right by such persons to directly influence the policies, direction and/or governance of the enterprise; and,
- (3) a right by such persons to share directly in any profit gained by the enterprise.

**10. Business Affiliations:**

Are any of the entities disclosed in sections 7 through 9 engaged in a partnership, joint ownership or similar business affiliation with one of the following:

- (1) a lobbyist;
- (2) a person that the filer knows or has reason to know is doing business with, or seeking to do business with the state;
- (3) a person that the filer knows or has reason to know is engaged in activities that are directly regulated by the department or agency in which the filer is employed;
- (4) a business in which any person described in items (1), (2) or (3) is a director, president, executive or senior vice president, treasurer, owner, limited or general partner, beneficiary of a trust or holder of more than five percent of the stock of the company.

Yes       No

If the answer to question 10 is Yes, please describe the business affiliation.

**Description of Business Affiliation:**

Name and address of affiliated business

Type of business affiliation (e.g., partnership, joint ownership, similar business affiliation, etc.):

Date business affiliation was created: \_\_\_\_\_

**INSTRUCTIONS FOR SOURCES OF INCOME (Section 11)**

List the name of employer(s) or other source(s) of income in excess of \$1,000, including your state salary or wages. Income means all income from whatever source derived, including but not limited to: earned income (such as compensation for services), fees, commissions, salaries, wages, tips, bonuses, gross income derived from business, capital gains, interest, rents, royalties, dividends, annuities, gifts, honoraria, lottery or other gambling winnings, income from the investment portion of life insurance and endowment contracts, pensions, income from discharge of indebtedness or debt forgiveness, assignment or receipt of property interests or rights, distributive share of partnership income, and income from any interest in an estate or trust. The term includes all income items, whether tangible or intangible regardless of whether they are taxable for Federal or State income tax purposes and regardless of whether legally obtained.

For each source of income identified as "gift," the following information should be provided under the Description of Source:

- 1) the identity and occupation of the donor. If a gift has more than one donor, the filer shall provide the necessary information for each donor;
- 2) a brief description of a gift.

Please note that political campaign funds, including campaign receipts and expenditures, need not be disclosed for purposes of this section.

**11. Sources of Income:**

Name of Employer or other Source: state of CT

Description of Source: salary / wages

Recipient:  Self  Spouse  Joint  Dependent Residing in Household

**Additional Source of Income:**

Name of Employer or other Source: Dividends

Description of Source: Dividends

Recipient:  Self  Spouse  Joint  Dependent Residing in Household



**INSTRUCTIONS FOR BLIND TRUSTS (Section 12)**

- List the name of the trustee of any **BLIND TRUST** established by you, your spouse, your children or dependent relatives who reside in your household.
- A **BLIND TRUST** is a trust established for the purpose of divestiture of all control and knowledge of assets.

**12. Blind Trusts:**

If this section does not apply to you, please check this box:

Name of Trustee(s):

Beneficiary:  Self  Spouse  Joint  Dependent Residing in Household

Name of Trustee(s):

Beneficiary:  Self  Spouse  Joint  Dependent Residing in Household

Name of Trustee(s):

Beneficiary:  Self  Spouse  Joint  Dependent Residing in Household

Name of Trustee(s):

Beneficiary:  Self  Spouse  Joint  Dependent Residing in Household

**INSTRUCTIONS FOR SECURITIES (Section 13)**

- List the name of each security which had a fair market value in excess of \$5,000 at any time during calendar year 2009. Include securities owned by you, your spouse or dependent children, or held in the name of a corporation, partnership, or trust for the benefit of you, your spouse or dependent children.
- **Securities include:** stocks, bonds, investment partnerships or trusts (including Real Estate Investment Trusts and stock trusts), hedge funds, investment "pools" or funds (including venture capital funds) and mutual funds. Also included is the right to purchase or own any of the aforementioned securities (i.e., an "option" or "derivative").
- **Securities do not include:** certificates of deposit, bank accounts, or money-market funds.

13. Securities: **\* Please See Attachment \***

If you have no interest in securities with a fair market value in excess of \$5,000 at any time during the calendar year 2009, please check this box:

Name of Security:

Owner (or Beneficiary if held by another):  Self  Spouse  Joint  Dependent Residing in Household

Held By:   
(e.g., Name of trustee, corporation, etc., if not owned directly)

Name of Security:

Owner (or Beneficiary if held by another):  Self  Spouse  Joint  Dependent Residing in Household

Held By:   
(e.g., Name of trustee, corporation, etc., if not owned directly)

Name of Security:

Owner (or Beneficiary if held by another):  Self  Spouse  Joint  Dependent Residing in Household

Held By:   
(e.g., Name of trustee, corporation, etc., if not owned directly)

**13. Securities: Briggs S. Cunningham T/A (beneficiary: self)**

Accenture LTD. Class A  
American International Group  
Apple Inc.  
AT&T Inc.  
Bank of America Corp.  
BP PLC  
Cisco Systems Inc.  
Citigroup Inc.  
Comcast Corp. New Class A  
Dominion Res. Inc. VA  
E I DuPont De Nemours & Co.  
Emerson Electric Company  
Exxon Mobil Corp.  
General Electric Company  
Honeywell International Inc.  
Johnson & Johnson  
Medtronic Inc.  
Microsoft Corp.  
Morgan Stanley Co.  
Norfolk Southern Corp.  
Pfizer Inc.  
Pitney Bowes Incorporated  
PPL Corp.  
Proctor & Gamble Co.  
Smucker J M Co.  
Verizon Communications Inc.  
Wachovia Corp.  
Wells Fargo & Co.  
Zimmer Holdings Inc.

Midcap Spdr Trust Unit Ser 1  
Federated Connecticut Muni TR FD #23

## **(Corporate Bonds)**

American Gen Fin Corp. M/T/N

Caterpillar Inc.

Cisco Sys Inc SR NT

Citicorp Sub NT

General Electric CAP Corp. M/T/N

Goldman Sachs Group

Merrill Lynch & Co. Inc. NTS

Morgan J P & Co. Inc.

Nations Bank Corp. Sub BD DTD

Procter & Gamble Co.

SBC Communications Inc. Global NT

Virginia Electric & Power Co. Ser D

Wachovia Corp. 2<sup>nd</sup> NEW

**13. Securities: (owner: self)**

American International Group Inc.

Bristol Meyers Squibb Co.

E I Du Pont De Nemours & Co.

Emerson Electric Company

Exxon Mobil Corp.

General Electric Co.

Home Depot Inc.

International Business Machines Corp.

Proctor & Gamble Co.

Wyeth

Zimmer Holdings Inc.

ISHARES MSCI Emerging Markets Index FD

ISHARES MSCI EAFE Index FD

Federated Connecticut Muni Trust FD #23

**INSTRUCTIONS FOR LEASES AND CONTRACTS WITH THE STATE (Sections 14 - 15)**

- **Leases:** For each lease held or entered into between the State and you or a business with which you are associated (as listed in section 7, above), list the following:
  - names of the lessor (i.e. landlord) and the lessee (i.e. tenant)
  - address of the subject property
  - term of the lease, and
  - annual rent
  
- **Contract:** For each contract held or entered into between the State and you or a business with which you are associated (as listed in section 7, above), list the following:
  - name of the parties
  - term of the contract
  - contract cost or value
  - subject of the contract, and
  - contract identification number
  
- Please identify the state by the name of the relevant department (i.e. Department of Public Works)
  
- **NOTE:** Leases and contracts with quasi-public agencies are not contracts with the State and do not require disclosure. (See Advisory Opinion 2002-3).

**14. Leases with the State:**

If this section does not apply to you, please check this box:

Name of Lessor:

Name of Lessee:

Property Address

Street:

City:  State:  Zip:

Length of Lease:

Annual Rent:

15. **Contracts with the State:**

If this section does not apply to you, please check this box:

State Agency:

Name of Contractor:

Contract ID#:

Contract Amount:

Length of Contract:

Nature of Contract:

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State Agency:

Name of Contractor:

Contract ID#:

Contract Amount:

Length of Contract:

Nature of Contract:

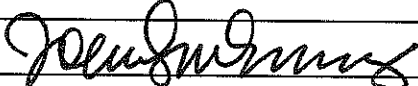
**CERTIFICATION**

I have completed the Confidential Addendum form attached, and choose to waive confidentiality. Therefore the Confidential Addendum form may be disclosed.

I have completed the Confidential Addendum form attached, and choose to retain confidentiality. I have therefore submitted such form in a separate sealed envelope with proper identification.

1. 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.
2. I UNDERSTAND that all information I provide on the Statement of Financial Interests shall be a matter of public record, and may be disclosed by the Office of State Ethics unless exempt from disclosure by the Freedom of Information Act, Connecticut General Statutes § 1-200 *et. seq.*
3. 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.
4. I UNDERSTAND that, in addition to this form, I must also complete and submit the attached Confidential Addendum.
5. I CERTIFY, UNDER PENALTY OF FALSE STATEMENT, that this Statement of Financial Interests and Confidential Addendum are a complete and accurate statement of financial interests, as defined by Connecticut General Statutes § 1-83(b)(1), for myself, my spouse and dependent children residing in my household, during the calendar year 2009.

I have read and agree to the above certification.

Signature:  Date: 4/30/10

Print Name: John P. McKinney

Please return completed forms to:  
Office of State Ethics, 18-20 Trinity Street, Hartford, CT 06106

**NOTE: If you have any questions regarding the information requested by this form, please contact the Office of State Ethics – Legal Division at 860-263-2400 or [sfi.ose@ct.gov](mailto:sfi.ose@ct.gov).**