

Statement of Financial Interests for 2008



PERSONAL INFORMATION		
First Name and Middle initial:	Last Name:	
Michael A	McLachlan	
Street Address 1:	Street Address 2:	
47 West Wooster Street		
City:	State:	Zip:
Danbury	CONNECTICUT	06810
<input type="checkbox"/> If you are claiming an exemption from disclosure for this property under FOIA		
Phone Number:	Email Address:	
(860) 240-0068	Michael.McLachlan@cga.ct.gov	

OCCUPATION	
<input type="checkbox"/> Current Dual Employment	
Current State Position:	Membership:
Connecticut General Assembly	Senator
Name of District:	
24	
<input type="checkbox"/> If you have held a different state position or left state service in 2008	
<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:
Alesia A	McLachlan

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:	
E1180 Road		
City:	State:	Zip:
Sayre	OKLAHOMA	73662
Country:		
Owner or Beneficiary:		
Michael A. McLachlan		
<input type="checkbox"/> 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.	
3M3C, Inc.		

BUSINESSES		
BUSINESS (WITH WHICH ASSOCIATED)		
<input type="checkbox"/> If you are not associated with any business		
Name of Business:		
3M3C, Inc.		
Street Address 1:		Street Address 2:
303 W. LAkeview		
City:	State:	Zip:
Elk City	CONNECTICUT	73644
Nature of Business:	Nature of Interest:	
Real Estate Investment	owner	
Interest Held By:		
Self		
Part - A		
Category of Affiliated Business/Individual:		
No affiliation		
Part - B		
Category of Affiliated Business/Individual:		
No affiliation		

BUSINESSES**TRUSTS** If you are not part of a trust**Name of Trust:**

Harry McLachlan Trust

Name of Trustee(s):

Grace Colson & Ann Cowan

Nature of Business:

Investments

Nature of Interest:

beneficiary

Beneficiary:

Self

Part - A**Category of Affiliated Business/Individual:**

(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

Name of Business/Individual:

Michael A. McLachlan

Street Address 1:

47 West Wooster Street

Street Address 2:**City:**

Danbury

State:

CONNECTICUT

Zip:

06810

Nature of Business:

trust

Type of Business Affiliation:

beneficiary

Date Business Affiliation was Created:

01/01/1992

Part - B**Category of Affiliated Business/Individual:**

No affiliation

INCOME SOURCES

If you do not have a Income Source(s)

Name of Employer or Other Source:

State of Connecticut

Description of Source:

Salary/Wages

Recipient:

Self

Name of Employer or Other Source:

City of Danbury

Description of Source:

Salary/Wages

Recipient:

Self

Name of Employer or Other Source:

Bob's Discount Furniture

Description of Source:

Salary/Wages

Recipient:

Spouse

Name of Employer or Other Source:

Harry McLachlan Trust

Description of Source:

Trust income

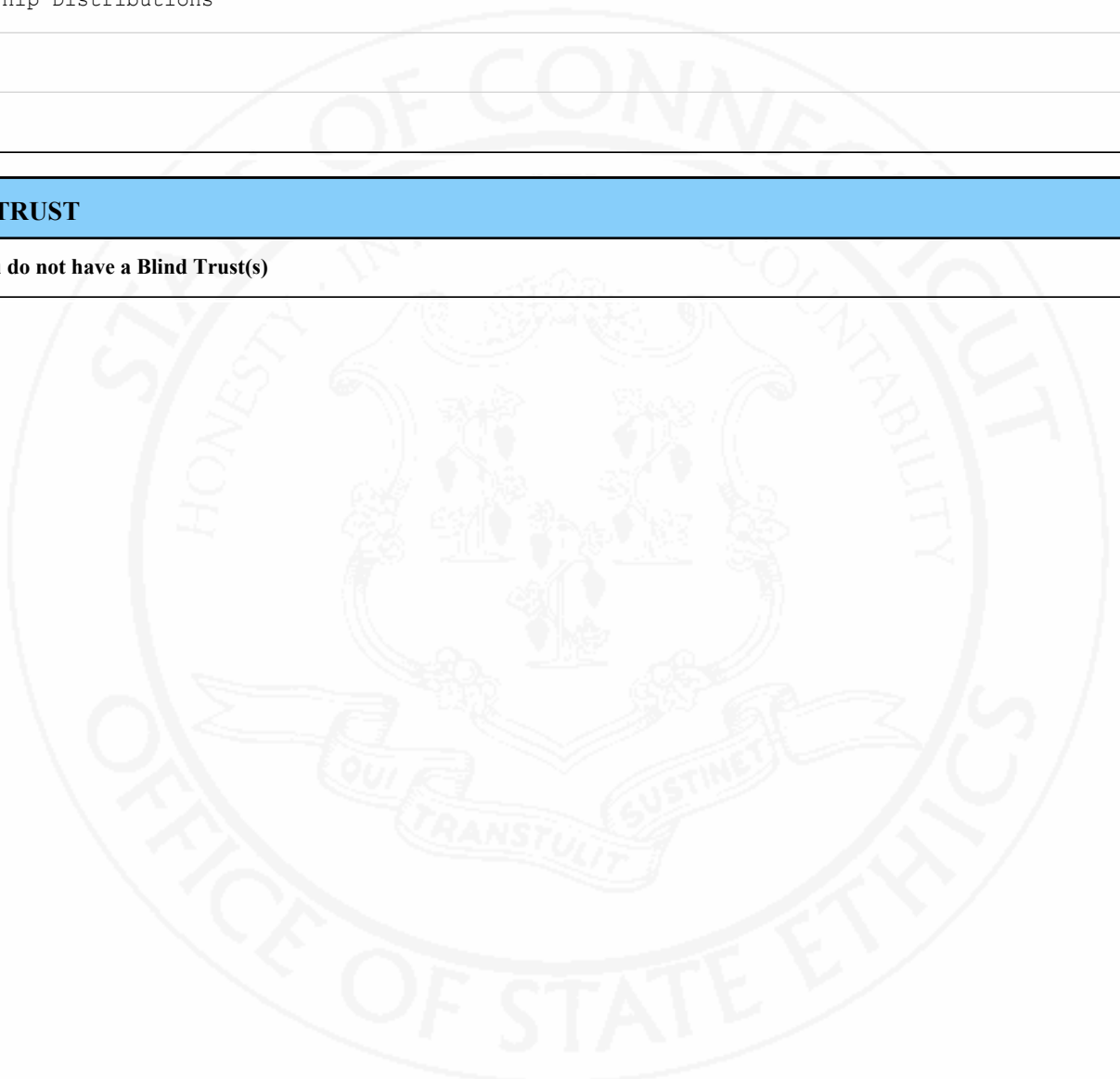
Recipient:

Self

Name of Employer or Other Source:
3M3C, Inc.
Description of Source:
Partnership Distributions
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:

The Variable Annuity Life Insurance Company

Owner or beneficiary if held by another:

Self

Held Directly?:

Held By:

AIG VALIC

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

Security Name:

International Growth I

Owner or beneficiary if held by another:

Self

Held Directly?:

Held By:

AIG VALIC

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

Security Name:

Lou Holland Growth

Owner or beneficiary if held by another:

Self

Held Directly?:

Held By:

AIG VALIC

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

Security Name:	
Broad Cap Value Inc.	
Owner or beneficiary if held by another:	
Self	
<input type="checkbox"/> Held Directly?:	
Held By:	
AIG VALIC	Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:	
Wal-Mart Stores, Inc.	
Owner or beneficiary if held by another:	
Joint	
<input checked="" type="checkbox"/> Held Directly?:	
Held By:	
	Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:	
Fidelity Contrafund, Inc.	
Owner or beneficiary if held by another:	
Spouse	
<input type="checkbox"/> Held Directly?:	
Held By:	
Fidelity Investments	Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:	
Spartan U.S. Equity Index	
Owner or beneficiary if held by another:	
Spouse	
<input type="checkbox"/> Held Directly?:	
Held By:	
Fidelity Investments	Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name :	
Fidelity Freedom 2020	
Owner or beneficiary if held by another:	
Spouse	
<input type="checkbox"/> Held Directly?:	
Held By:	
Fidelity Investments	Note: If the Security is not held directly, list the trustee, corporation, etc.

LEASES

If you do not have a lease(s)

CONTRACTS

If you do not have a 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:		
Citibank		
Street Address 1:		Street Address 2:
PO Box 44180		
City :	State:	Zip:
Jacksonville	FLORIDA	32231

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:

Michael A McLachlan

Filed Date and Time:

04/15/2009 11:46 PM