

Statement of Financial Interests for 2008



PERSONAL INFORMATION		
First Name and Middle initial:	Last Name:	
Denise W	Merrill	
Street Address 1:	Street Address 2:	
545 Wormwood Hill Rd		
City:	State:	Zip:
Mansfield Center	CONNECTICUT	06250
<input type="checkbox"/> If you are claiming an exemption from disclosure for this property under FOIA		
Phone Number:	Email Address:	
(860) 240-8500	denise.merrill@cga.ct.gov	

OCCUPATION	
<input type="checkbox"/> Current Dual Employment	
Current State Position:	Membership:
Connecticut General Assembly	Representative
Name of District:	
54	
<input checked="" 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:
Connecticut General Assembly	Representative
Name of District:	
54	

SPOUSE
<input checked="" type="checkbox"/> If you do not have a Spouse

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:

545 Wormwood Hill Road

City:

State:

Zip:

Mansfield Center

CONNECTICUT

06250

Country:

Owner or Beneficiary:

owner

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:

31 Woodland St Apt 7D

City:

State:

Zip:

Hartford

CONNECTICUT

06105

Country:

Owner or Beneficiary:

owner

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:

545 Wormwood Hill Rd

City:

State:

Zip:

Mansfield Center

CONNECTICUT

06250

Country:

Owner or Beneficiary:

owner

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)

Name of Employer or Other Source:

State of CT

Description of Source:

Salary/Wages

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:

ING index 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.

LEASES

If you do not have a lease(s)

Name of Lessor:

Denise Merrill

Name of Lessee:

Christina Dominguez

Property Street Address 1:

31 Woodland St Apt 9-F

Property Street Address 2:

City:

Hartford

State:

CONNECTICUT

Zip:

06106

Length of Lease:

0 Years 6 Months

Annual Rent:

\$5400.00

CONTRACTS

If you do not have a 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 2008

I have read and agree to all above certifications.

Name:

Denise W Merrill

Filed Date and Time:

04/08/2009 10:42 AM