

# Statement of Financial Interests for 2009



## PERSONAL INFORMATION

<b>First Name and Middle initial:</b>	<b>Last Name:</b>	
Anthony J	Musto	
<b>Street Address 1:</b>	<b>Street Address 2:</b>	
78 Clemens Ave		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
Trumbull	CONNECTICUT	06611
<input type="checkbox"/> If you are claiming an exemption from disclosure for this property under FOIA		
<b>Phone Number:</b>	<b>Email Address:</b>	
(860) 240-0558	Anthony.Musto@cga.ct.gov	

## OCCUPATION

<input type="checkbox"/> Current Dual Employment	
<b>Current State Position:</b>	<b>Membership:</b>
Connecticut General Assembly	Senator - Other
<b>Name of District:</b>	
22	
<input type="checkbox"/> If you have held a different state position or left state service in 2009	
<input type="checkbox"/> Previous Dual Employment	
<b>Previous State Position:</b>	<b>Membership:</b>
<b>Name of Agency:</b>	

**SPOUSE**

If you do not have a Spouse

<b>Spouse First Name and Initial:</b>	<b>Spouse Last Name:</b>
Katherine L	Musto

**FAMILY MEMBERS (CHILDREN)**

If you do not have dependent children

<b>Child First Name and Initial:</b>	<b>Child Last Name:</b>
Evelyn G	Musto
Isabel K	Musto
Julia K	Musto

**REAL PROPERTY**

If you do not own a property

If you are claiming an exemption from disclosure for this property under FOIA

<b>Street Address 1:</b>	<b>Street Address 2:</b>
78 Clemens Ave	

<b>City:</b>	<b>State:</b>	<b>Zip:</b>
Trumbull	CONNECTICUT	06611

**Country:**

**Owner or Beneficiary:**

Self and spouse

**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:**

Anthony J. Musto, Attorney

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

2 Sherman Court

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

Fairfield CONNECTICUT 06824

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

Law Firm Owner

**Interest Held By:**

Self

**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:**

Self-Employment Income

**Name of Employer or Other Source:**

law practice

**Recipient:**

Self

**Description of Source:**

Salary/Wages

**Name of Employer or Other Source:**

Trumbull School System

**Recipient:**

Spouse

**Description of Source:**

Dividends

**Name of Employer or Other Source:**

Pershing LLC

**Recipient:**

Joint

**Description of Source:**

Capital Gains

**Name of Employer or Other Source:**

Pershing LLC

**Recipient:**

Joint

**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:**

CHET age based moderate option 8-11

**Owner or beneficiary if held by another:**

Dependent Residing in Household

**Held Directly?:**

**Held By:**

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

**Security Name:**

CHET age based moderate option 4-7

**Owner or beneficiary if held by another:**

Dependent Residing in Household

**Held Directly?:**

**Held By:**

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

**Security Name:**

Transamerica Asset Allocated Moderate Portfolio C

**Owner or beneficiary if held by another:**

Dependent Residing in Household

**Held Directly?:**

**Held By:**

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

<b>Security Name:</b>
ING Money Market
<b>Owner or beneficiary if held by another:</b>
Joint
<input checked="" type="checkbox"/> <b>Held Directly?:</b>
<b>Held By:</b>
Note: If the Security is not held directly, list the trustee, corporation, etc.
<b>Security Name:</b>
Southern Company
<b>Owner or beneficiary if held by another:</b>
Joint
<input checked="" type="checkbox"/> <b>Held Directly?:</b>
<b>Held By:</b>
Note: If the Security is not held directly, list the trustee, corporation, etc.
<b>Security Name:</b>
Van Kampen Emerging Markets Fund Class C
<b>Owner or beneficiary if held by another:</b>
Joint
<input checked="" type="checkbox"/> <b>Held Directly?:</b>
<b>Held By:</b>
Note: If the Security is not held directly, list the trustee, corporation, etc.
<b>Security Name:</b>
Oppenheimer Funds
<b>Owner or beneficiary if held by another:</b>
Joint
<input checked="" type="checkbox"/> <b>Held Directly?:</b>
<b>Held By:</b>
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:**

Anthony J Musto

**Filed Date and Time:**

04/25/2010 3:09 PM