Statement of Financial Interests for 2009

PERSONAL INFORMATION

First Name and Middle initial:		Last Name:
Sandy H		Nafis
Street Address 1:		**Street Address 2:**
49 Whitewood Road		
City:	**State:**	**Zip:**
Newington	CONNECTICUT	06111

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

Phone Number:	Email Address:
(860) 240-8585	sandy.nafis@cga.ct.gov

OCCUPATION

☐ **Current Dual Employment**

Current State Position:	Membership:
Connecticut General Assembly	Representative - Other

Name of District:

27

☐ **If you have held a different state position or left state service in 2009**

☐ **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:
Alan L	Nafis

FAMILY MEMBERS (CHILDREN)

☐ **If you do not have dependent children**

Child First Name and Initial:	Child Last Name:
Daniel L	Nafis

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: 49 Whitewood Road

Street Address 2:

City: Newington

State: CONNECTICUT

Zip: 06111

Country:

Owner or Beneficiary: Alan and Sandra Nafis

☑ **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: Discovery Beach Resort

Street Address 2: 300 Barlow Avenue

City: Cocoa Beach

State: FLORIDA

Zip: 32931

Country:

Owner or Beneficiary: Alan and Sandra Nafis

☑ **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:**
Pelican Resort		Bill Ferry Boulevard, Simpson Bay
City:	**State:**	**Zip:**
St. Maarten	CONNECTICUT	06111

Country:

Owner or Beneficiary:

Alan and Sandra Nafis

☑ **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:**
The Links		917 Thomas Avenue
City:	**State:**	**Zip:**
North Myrtle Beach	SOUTH CAROLINA	29582

Country:

Owner or Beneficiary:

Alan and Sandra Nafis

☑ **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:**
Fairfield SanDiego Harbour Lights		911 Fifth Avenue
City:	**State:**	**Zip:**
San Diego	CALIFORNIA	92101

Country:

Owner or Beneficiary:

Alan and Sandra Nafis

☑ **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:**
Grand Mayan Riviera Mayan		Kilometro 48
City:	**State:**	**Zip:**
Playa del Carmen	CONNECTICUT	06111

Country:

Quintana Roo, Mexico

Owner or Beneficiary:

Alan and Sandra Nafis

☑ **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)**

Description of Source:

Salary/Wages

Name of Employer or Other Source:

Fitzgerald & Halliday, Inc.

Recipient:

Self

Description of Source:

Salary/Wages

Name of Employer or Other Source:

Weston & Sampson

Recipient:

Spouse

Description of Source:

Salary/Wages

Name of Employer or Other Source:

Connecticut State Legislature

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**

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 Statues 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:	Sandy H Nafis
Filed Date and Time:	04/28/2010 1:49 PM