

Statement of Financial Interests for 2009



PERSONAL INFORMATION		
First Name and Middle initial:	Last Name:	
Tom	Reynolds	
Street Address 1:	Street Address 2:	
47 Bittersweet Dr.		
City:	State:	Zip:
Gales Ferry	CONNECTICUT	06335
<input type="checkbox"/> If you are claiming an exemption from disclosure for this property under FOIA		
Phone Number:	Email Address:	
(860) 240-8585	tom.reynolds@cga.ct.gov	

OCCUPATION	
<input type="checkbox"/> Current Dual Employment	
Current State Position:	Membership:
Connecticut General Assembly	Representative - Other
Name of District:	
42	
<input type="checkbox"/> If you have held a different state position or left state service in 2009	
<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:

Trina Reynolds

FAMILY MEMBERS (CHILDREN)

If you do not have dependent children

Child First Name and Initial: Child Last Name:

William Reynolds

Cameron Reynolds

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:

47 Bittersweet Dr.

City: State: Zip:

Gales Ferry CONNECTICUT 06335

Country:

Owner or Beneficiary:

Tom and Trina Reynolds

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:

Reynolds Consulting, LLC

Street Address 1:

47 Bittersweet Dr.

Street Address 2:

City:

Gales Ferry

State:

CONNECTICUT

Zip:

06335

Nature of Business:

consulting

Nature of Interest:

Owner, President

Interest Held By:

Self

Business Affiliation

Category of Affiliated Business/Individual:

No affiliation

Business Affiliation

Category of Affiliated Business/Individual:

No affiliation

Name of Business:		
Pfizer		
Street Address 1:		Street Address 2:
Pegot Ave.		
City:	State:	Zip:
New London	CONNECTICUT	06320
Nature of Business:		Nature of Interest:
pharmaceuticals		Employee
Interest Held By:		
Spouse		
Business Affiliation		
Category of Affiliated Business/Individual:		
No affiliation		
Business Affiliation		
Category of Affiliated Business/Individual:		
No affiliation		
Name of Business:		
ARC of New London County		
Street Address 1:		Street Address 2:
125 Sachem St.		
City:	State:	Zip:
Norwich	CONNECTICUT	06360
Nature of Business:		Nature of Interest:
non-profit		Director
Interest Held By:		
Self		

Business Affiliation

Category of Affiliated Business/Individual:
No affiliation

Name of Business:
Ledyard Education Advancement Foundation

Street Address 1: P.O. Box 324
Street Address 2:

City: Ledyard
State: CONNECTICUT
Zip: 06339

Nature of Business: non-profit
Nature of Interest: Trustee

Interest Held By:
Self

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:

Salary/Wages

Name of Employer or Other Source:

State of Connecticut

Recipient:

Self

Description of Source:

Salary/Wages

Name of Employer or Other Source:

Pfizer

Recipient:

Spouse

Description of Source:

Salary/Wages

Name of Employer or Other Source:

Reynolds Consulting, LLC

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:

ALL BERN GLB BOND - B

Owner or beneficiary if held by another:

Joint

Held Directly?:

Held By:

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

Security Name:

FID ADV VALUE STRAT - B

Owner or beneficiary if held by another:

Joint

Held Directly?:

Held By:

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

Security Name:

PUT EUROPE EQUITY - B

Owner or beneficiary if held by another:

Joint

Held Directly?:

Held By:

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

Security Name :

KBS REAL ESTATE INV TRUST

Owner or beneficiary if held by another:

Spouse

Held Directly?:

Held By:

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

Security Name :

THREAD EUROPEAN EQTY - B

Owner or beneficiary if held by another:

Joint

Held Directly?:

Held By:

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

Security Name :

VK COMSTOCK - B

Owner or beneficiary if held by another:

Joint

Held Directly?:

Held By:

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

Security Name :

ALLIANZ NFJ LARGE VALUE FD CLASS D

Owner or beneficiary if held by another:

Spouse

Held Directly?:

Held By:

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

Security Name :

GOLDMAN SACHS SMALL CAP VALUE SVCS CL

Owner or beneficiary if held by another:

Spouse

Held Directly?:

Held By:

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

Security Name :

TCW CORE FIXED INCOME CLASS N

Owner or beneficiary if held by another:

Spouse

Held Directly?:

Held By:

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

Security Name :

WRIGHT INTERNATIONAL BLUE CHIP

Owner or beneficiary if held by another:

Spouse

Held Directly?:

Held By:

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

Security Name :

Connecticut Higher Education Trust

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.

Security Name :

PUT EQUITY INCOME B JOINT

Owner or beneficiary if held by another:

Spouse

Held Directly?:

Held By:

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

Security Name :

TIAA-CREF STOCK

Owner or beneficiary if held by another:

Spouse

Held Directly?:

Held By:

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

Security Name :

TIAA-CREF GROWTH

Owner or beneficiary if held by another:

Spouse

Held Directly?:

Held By:

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

Security Name :

T ROWE PRICE STABLE VALUE FUND

Owner or beneficiary if held by another:

Spouse

Held Directly?:

Held By:

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

Security Name :
Pfizer Stock
Owner or beneficiary if held by another:
Spouse
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name :
PIMCO INVESTMENT GRADE CORP BOND CL D
Owner or beneficiary if held by another:
Spouse
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name :
RYDEX REAL ESTATE H CLASS
Owner or beneficiary if held by another:
Spouse
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name :
AMERICAN CENTURY CAPITAL VAL INV SHR
Owner or beneficiary if held by another:
Spouse
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
JANUS SHORT TERM BOND FUND CLASS J
Owner or beneficiary if held by another:
Spouse
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

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

LEASES
<input checked="" type="checkbox"/> If you do not have a State lease(s)

CONTRACTS
<input checked="" type="checkbox"/> If you do not have a State contract(s)

CONFIDENTIAL ADDENDUM
<input checked="" type="checkbox"/> 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:	Tom Reynolds
Filed Date and Time:	04/30/2010 6:35 PM