

Statement of Financial Interests for 2009



PERSONAL INFORMATION		
First Name and Middle initial:	Last Name:	
Hector L	Robles	
Street Address 1:	Street Address 2:	
38 Victoria Road		
City:	State:	Zip:
Hartford	CONNECTICUT	06114
<input type="checkbox"/> If you are claiming an exemption from disclosure for this property under FOIA		
Phone Number:	Email Address:	
(860) 240-8585	Hector.Robles@cga.ct.gov	

OCCUPATION	
<input type="checkbox"/> Current Dual Employment	
Current State Position:	Membership:
Connecticut General Assembly	Representative - Other
Name of District:	
6	
<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:

Ana G Robles

FAMILY MEMBERS (CHILDREN)

If you do not have dependent children

Child First Name and Initial: Child Last Name:

Madelyn M Robles

Jessica Montero

Noel Montero

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:

38 Victoria Road

City: State: Zip:

Hartford CONNECTICUT 06114

Country:

Owner or Beneficiary:

Hector and Ana Robles

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.

Wells Fargo Financial

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:

City of Hartford

Recipient:

Dependent Residing in Household

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

- 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:

Hartford Police Federal Credit Union

Street Address 1:

50 Jennings Road

Street Address 2:

City :

Hartford

State:

CONNECTICUT

Zip:

06120

Name of Creditor:

Wells Fargo Home Mortgage

Street Address 1:

P.O. Box 10335

Street Address 2:

City :

Des Moines

State:

IOWA

Zip:

50306

Name of Creditor:

Beneficial HSBC

Street Address 1:

PO BOX 88000

Street Address 2:

City :

Baltimore

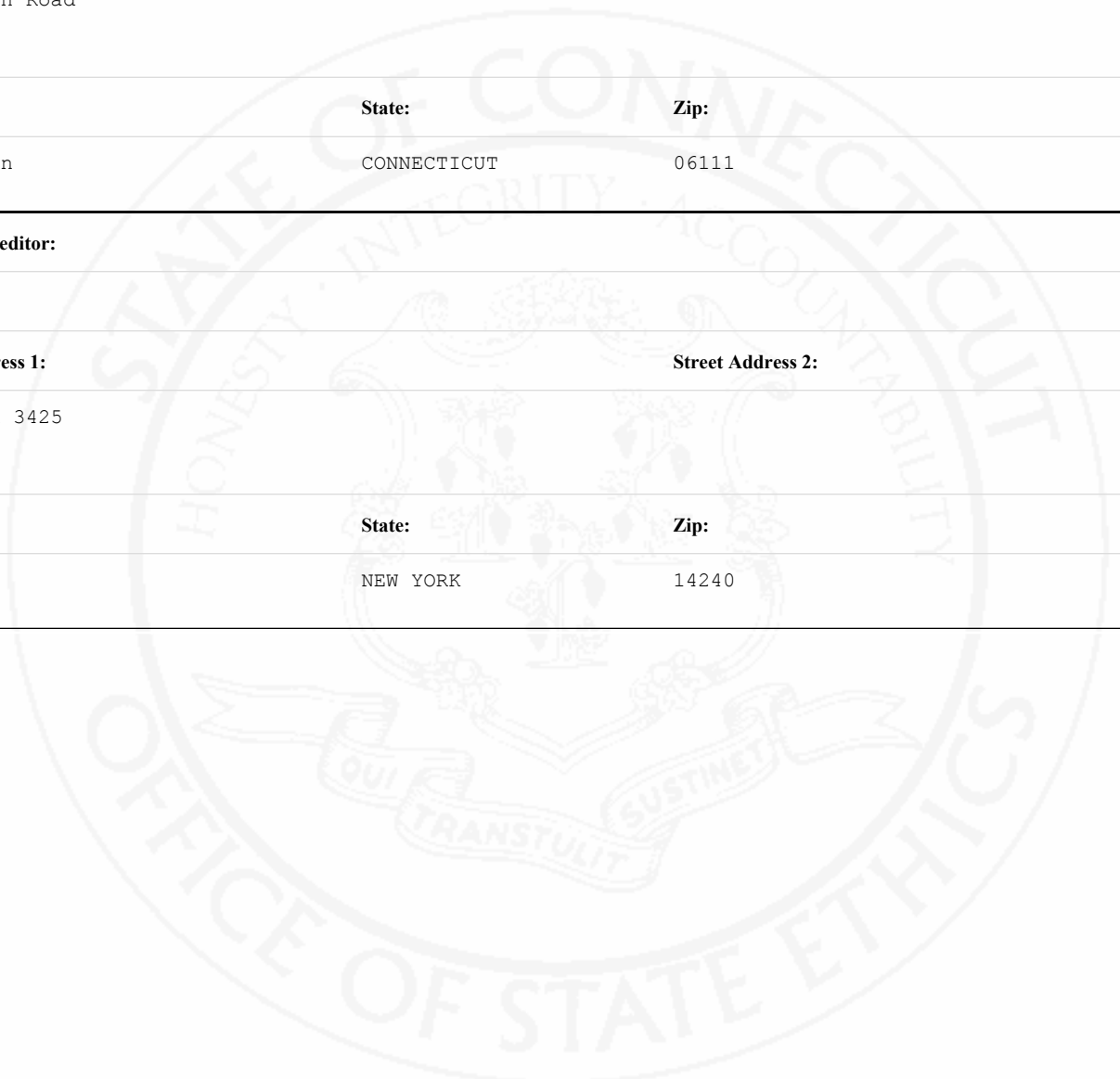
State:

CONNECTICUT

Zip:

21288

Name of Creditor:		
Citi Financial		
Street Address 1:		Street Address 2:
28 A Fenn Road		
City :	State:	Zip:
Newington	CONNECTICUT	06111
Name of Creditor:		
HFC		
Street Address 1:		Street Address 2:
P.O. Box 3425		
City :	State:	Zip:
Buffalo	NEW YORK	14240



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:

Hector L Robles

Filed Date and Time:

03/03/2010 11:08 AM