

Statement of Financial Interests for 2009



| PERSONAL INFORMATION | | |
|--|--------------------------|-------------|
| First Name and Middle initial: | Last Name: | |
| Peggy | Sayers | |
| Street Address 1: | Street Address 2: | |
| 81 Spring Street | | |
| City: | State: | Zip: |
| Windsor Locks | CONNECTICUT | 06096 |
| <input type="checkbox"/> If you are claiming an exemption from disclosure for this property under FOIA | | |
| Phone Number: | Email Address: | |
| (860) 240-8585 Ext : 8580 | Peggy.Sayers@cga.ct.gov | |

| OCCUPATION | |
|--|------------------------|
| <input type="checkbox"/> Current Dual Employment | |
| Current State Position: | Membership: |
| Connecticut General Assembly | Representative - Other |
| Name of District: | |
| 60 | |
| <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

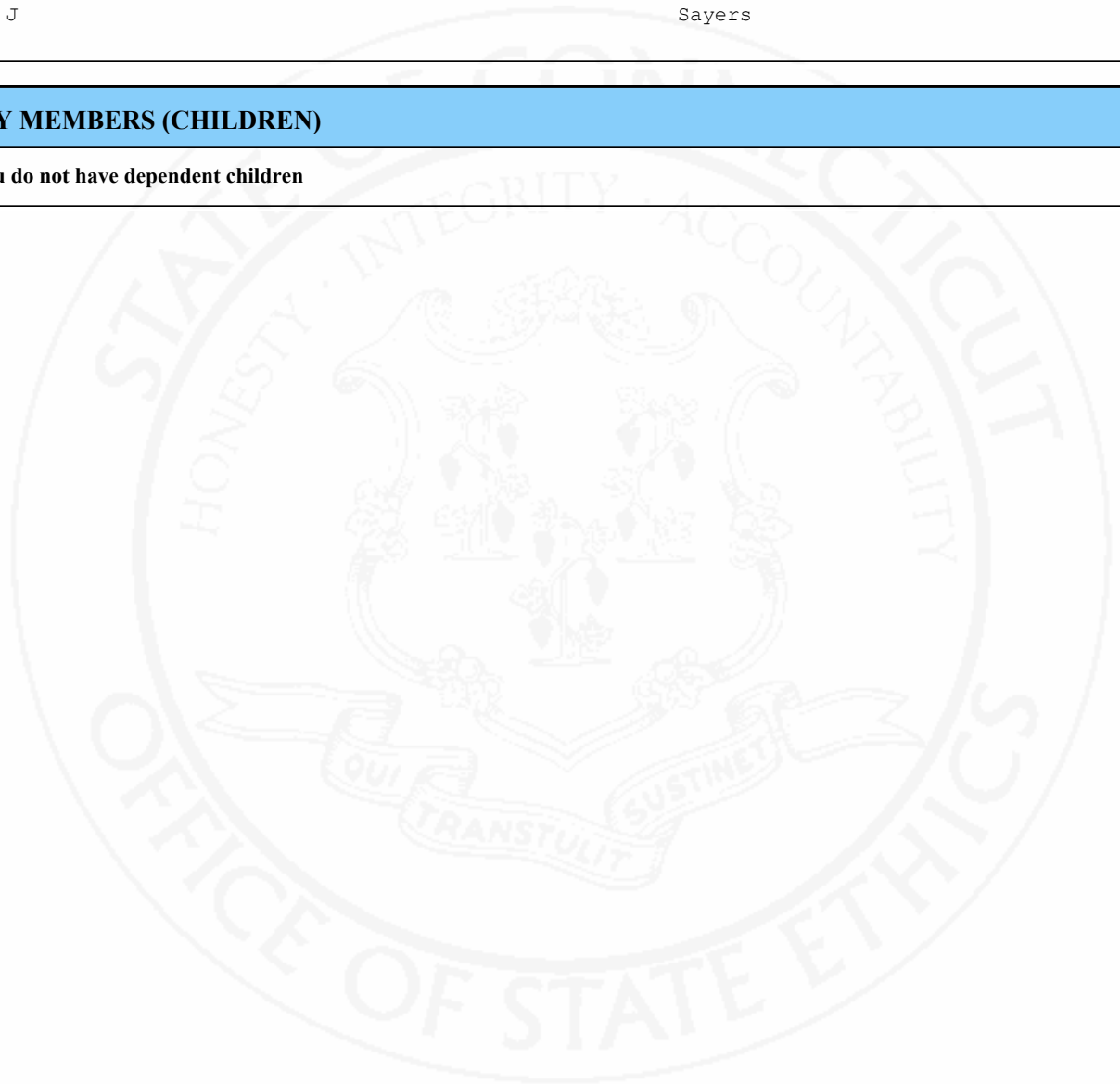
If you do not have a Spouse

Spouse First Name and Initial: Spouse Last Name:

Patrick J Sayers

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:

81 Spring Street

Street Address 2:

City:

Windsor Locks

State:

CONNECTICUT

Zip:

06096

Country:

Owner or Beneficiary:

Patrick J and Margaret M. Sayers

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:

81 Spring St

Street Address 2:

City:

Windsor Locks

State:

CONNECTICUT

Zip:

06096

Country:

Owner or Beneficiary:

Patrick J. & Margaret M. Sayers

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.

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Street Address 1:

Street Address 2:

81 Spring St

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Windsor Locks

CONNECTICUT

06096

Country:

Owner or Beneficiary:

Patrick J. & Margaret M. Sayers

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) | | |
| <input type="checkbox"/> If you are not associated with any business | | |
| Name of Business: | | |
| P. Sayers Consultants, LLC | | |
| Street Address 1: | | Street Address 2: |
| 81 Spring St | | |
| City: | State: | Zip: |
| Windsor Locks | CONNECTICUT | 06096 |
| Nature of Business: | | Nature of Interest: |
| Healthcare Training and Consultants | | owner |
| 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: | | |
| P. Sayers Consultants, LLC | | |
| Street Address 1: | | Street Address 2: |
| 81 Spring St | | |
| City: | State: | Zip: |
| Windsor Locks | CONNECTICUT | 06096 |
| Nature of Business: | | Nature of Interest: |
| Healthcare Training | | owner |
| Interest Held By: | | |
| Self | | |
| Business Affiliation | | |
| Category of Affiliated Business/Individual: | | |
| No affiliation | | |

| |
|--|
| BUSINESSES |
| TRUSTS |
| <input checked="" type="checkbox"/> If you are not part of a trust |

INCOME SOURCES

If you do not have a Income Source(s)

Description of Source:

Pension

Name of Employer or Other Source:

Local 15 Ironworkers Pension

Recipient:

Spouse

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:

P. Sayers Consultants, LLC

Recipient:

Self

Description of Source:

Social Security

Name of Employer or Other Source:

Federal Government

Recipient:

Spouse

| |
|--|
| Description of Source: |
| Social Security |
| Name of Employer or Other Source: |
| Federal Government |
| 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 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:

Peggy Sayers

Filed Date and Time:

03/19/2010 2:10 PM