

Statement of Financial Interests for 2009



| PERSONAL INFORMATION | | |
|--|---------------------------|-------------|
| First Name and Middle initial: | Last Name: | |
| Roberta B | Willis | |
| Street Address 1: | Street Address 2: | |
| 30 Upland Meadow Road | | |
| City: | State: | Zip: |
| Lakeville | CONNECTICUT | 06039 |
| <input type="checkbox"/> If you are claiming an exemption from disclosure for this property under FOIA | | |
| Phone Number: | Email Address: | |
| (860) 240-8585 | roberta.willis@cga.ct.gov | |

| OCCUPATION | |
|--|------------------------|
| <input type="checkbox"/> Current Dual Employment | |
| Current State Position: | Membership: |
| Connecticut General Assembly | Representative - Other |
| Name of District: | |
| 64 | |
| <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

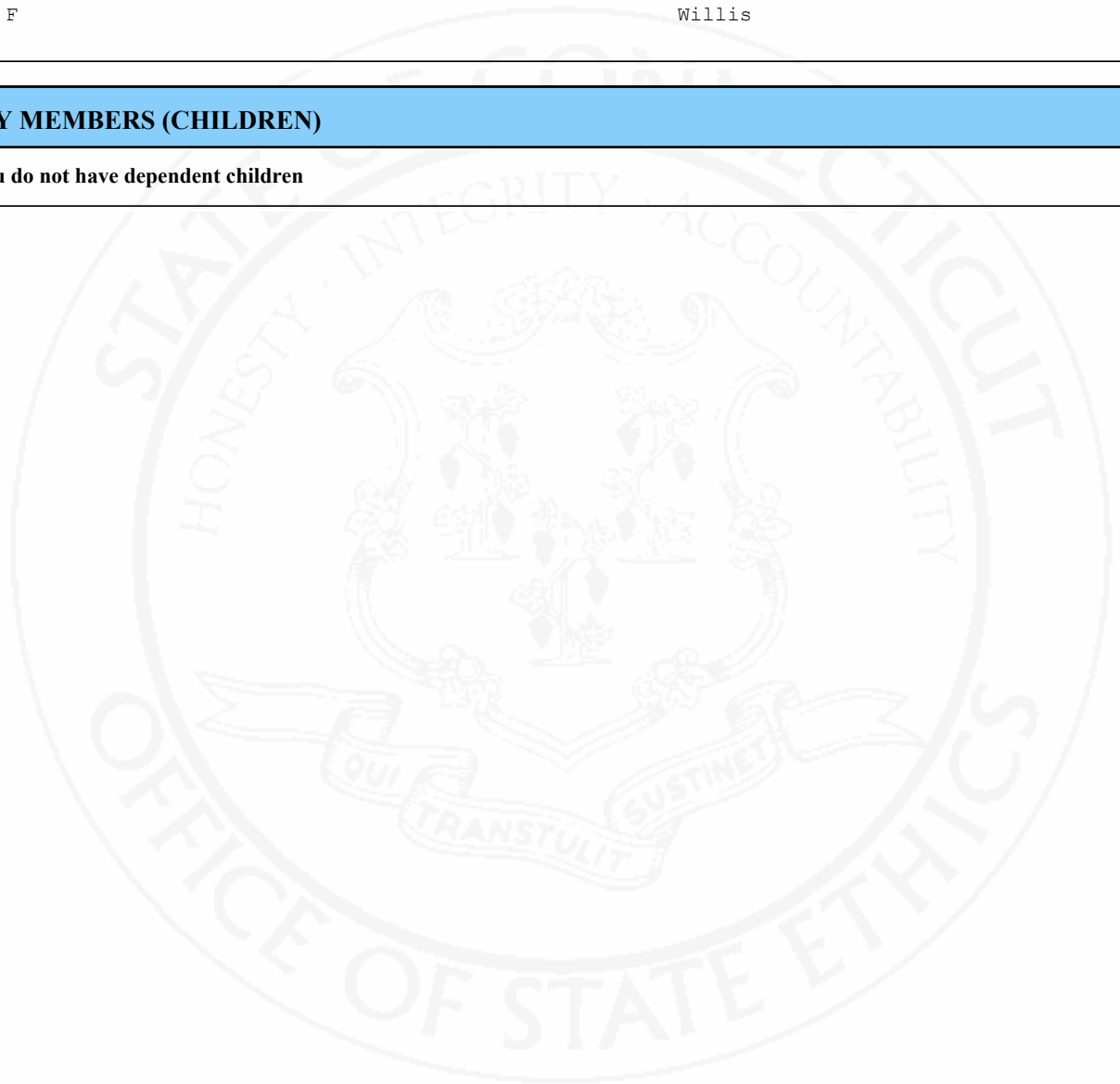
If you do not have a Spouse

Spouse First Name and Initial: Spouse Last Name:

William F Willis

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:

Street Address 2:

30 Upland meadow rd

City:

State:

Zip:

lakeville

CONNECTICUT

06039

Country:

Owner or Beneficiary:

roberta & Willam Willis

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:

426 Narrows Rd

City:

State:

Zip:

Ausable forks

NEW YORK

12912

Country:

Owner or Beneficiary:

Roberta & William Willis

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:

300 Gay Street

City:

State:

Zip:

Sharon

CONNECTICUT

06069

Country:

Owner or Beneficiary:

Roberta Willis & Sherie Berk

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:

Founders Insurance Group

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

12 Millerton Road

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

Lakeville CONNECTICUT 06039

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

insurance partner

Interest Held By:

Spouse

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:

Dividends

Name of Employer or Other Source:

investment account

Recipient:

Self

Description of Source:

Salary/Wages

Name of Employer or Other Source:

founders insurance

Recipient:

Spouse

Description of Source:

Salary/Wages

Name of Employer or Other Source:

CT General Assembly State of CT

Recipient:

Self

Description of Source:

IRA

Name of Employer or Other Source:

investment account

Recipient:

Spouse

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:

CL&P

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:

Pfizer

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:

Van Kampen Comstock Fund

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 : |
| Arcelor Mittal |
| Owner or beneficiary if held by another: |
| Self |
| <input checked="" type="checkbox"/> Held Directly?: |
| Held By: |
| Note: If the Security is not held directly, list the trustee, corporation, etc. |
| Security Name : |
| General Electric |
| 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 : |
| MMC |
| 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 : |
| PG |
| 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 : |
| Walgreen Company |
| 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 : |
| CL&P |
| 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 : |
| QCOM |
| 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 : |
| QCOM |
| Owner or beneficiary if held by another: |
| Self |
| <input checked="" type="checkbox"/> Held Directly?: |
| Held By: |
| Note: If the Security is not held directly, list the trustee, corporation, etc. |

| |
|---|
| Security Name : |
| CL&P 401K |
| Owner or beneficiary if held by another: |
| Self |
| <input checked="" type="checkbox"/> Held Directly?: |
| Held By: |
| 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:

Roberta B Willis

Filed Date and Time:

04/05/2010 3:12 PM