

Statement of Financial Interests for 2025



Departure Date :

PERSONAL INFORMATION

First Name and Middle initial:

James J

Last Name:

Maroney

Street Address 1:

10 Grove Street

Street Address 2:

City:

Milford

State:

CONNECTICUT

Zip:

06460

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

Phone Number:

(860) 240-8600 Ext : 0495

Email Address:

James.Maroney@cga.ct.gov

OCCUPATION

☐ Current Dual Employment

Current State Position:

Connecticut General Assembly

Membership:

Senator - Democrat

Name of District:

14

☐ If you also hold or have held a different State position than the position above during the period for which this filing is being made, and that position also required the filing of the SFI form

☐ Previous Dual Employment

Previous State Position:

Membership:

Name of Agency:

SPOUSE☒ If you do not have a Spouse**FAMILY MEMBERS (CHILDREN)**☐ If you do not have dependent children

Child First Name and Initial:

Child Last Name:

Child

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:

22 Saranac Road

City:

State:

Zip:

Milford

CONNECTICUT

06461

Country:

Owner or Beneficiary:

Jennifer Ju

☒ 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:		
First Choice College Placement LLC		
Street Address 1:		Street Address 2:
75 New Haven Avenue		
City:	State:	Zip:
Milford	CONNECTICUT	06460
Nature of Business:		Nature of Interest:
Educational Consulting		Owner
Interest Held By:		
Self		
Business Affiliation		
Category of Affiliated Business/Individual:		
No affiliation		
Name of Business:		
Soundview Beer Works LLC		
Street Address 1:		Street Address 2:
230 Woodmont Road		Unit 29b
City:	State:	Zip:
Milford	CONNECTICUT	06460
Nature of Business:		Nature of Interest:
Brewery		Member of LLC
Interest Held By:		
Self		

Business Affiliation		
Category of Affiliated Business/Individual:		
(1) A lobbyist		
Name of Business/Individual:		
Michael Smith		
Street Address 1:		Street Address 2:
228 Shadyside Lane		
City:	State:	Zip:
Milford	CONNECTICUT	06460
Type of Business Affiliation:		Date Business Affiliation was Created:
LLC - Partnership		01/15/2025

BUSINESSES
TRUSTS
☐ If you are not part of a trust
Name of Trust:
Maroney Family Nominee Trust
Name of Trustee(s):
John Maroney
Beneficiary:
Self

Business Affiliation
Category of Affiliated Business/Individual:
No affiliation

INCOME SOURCES

☐ If you do not have an Income Source(s)

Type Of Income Received:

Partnership Distributions

Name of Employer or Other Source:

First Choice College Placement LLC

Recipient:

Self

Type Of Income Received:

Salary/Wages

Name of Employer or Other Source:

Drazen Rubin Law

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:

AGTHX Growth Fund of America

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:

AIVSX

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:

amRMX

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:
cwbfx
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:
CWGIX
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:
New World Fund - A (NEWFX)
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:
SMALLCAP World Fund - A (SMCWX)
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:
The New Economy Fund - A (ANEFX)
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.

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 2025

☒ **I have read and agree to all above certifications.**

Name:

James J Maroney

Filed Date and Time:

05/01/2026 10:59 AM