

Statement of Financial Interests for 2022



Departure Date :

PERSONAL INFORMATION

First Name and Initial:

Andrea

Last Name:

Comer

Street Address 1:

1 Linden Place

Street Address 2:

Unit 203

City:

Hartford

State:

CONNECTICUT

Zip:

06106

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

Phone Number:

(860) 878-5390

Email Address:

Andrea.Comer@ct.gov

OCCUPATION

☐ Current Dual Employment

Current State Position:

Executive Branch

Membership:

Public Agency

Name of Agency:

Department of Consumer Protection

Title/Position:

Deputy Commissioner

☐ 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 State Position:

Membership:

Name of Agency:

SPOUSE

☐ If you do not have a Spouse

Spouse First Name and Initial:

Bradford

Spouse Last Name:

Comer

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 a 1:

1 Linden Place

Street Address 2:

Unit 203

City:

Hartford

State:

CONNECTICUT

Zip:

06106

Country:

Owner or Beneficiary:

N/A

☒ 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:		
Five Frogs		
Street Address 1:		Street Address 2:
357 Commerce Drive		
City:	State:	Zip:
Fairfield	CONNECTICUT	06825
Nature of Business:	Nature of Interest:	
Nonprofit	Board of Directors	
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 an Income Source(s)

Type Of Income Received:

Salary/Wages

Name of Employer or Other Source:

State of CT

Recipient:

Self

Type Of Income Received:

Salary/Wages

Name of Employer or Other Source:

MDC

Recipient:

Spouse

Type Of Income Received:

Salary/Wages

Name of Employer or Other Source:

Leading Culture Solutions

Recipient:

Self

Type Of Income Received:

Salary/Wages

Name of Employer or Other Source:

Natl Org of Black Chemists and Chemical Engineers

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 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 2022 , and if I am a departing official, also during the period of time I held office or position in the current year.

☒ I have read and agree to all above certifications.

Name:

Andrea Comer

Filed Date and Time:

09/30/2022 11:37 AM

Original Filed Date and Time

09/30/2022 11:37 AM