

Statement of Financial Interests for 2021



Departure Date :

PERSONAL INFORMATION

First Name and Middle initial:

Alexandra

Last Name:

Daum

Street Address 1:

38 Lincoln Street

Street Address 2:

City:

New Haven

State:

CONNECTICUT

Zip:

06511

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

Phone Number:

(646) 270-6413

Email Address:

Alexandra.Daum@ct.gov

OCCUPATION

☐ Current Dual Employment

Current State Position:

Executive Branch

Membership:

Public Agency

Name of Agency:

Department of Economic & Community Development

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 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:
Alexander	Kleiner

FAMILY MEMBERS (CHILDREN)	
☐ If you do not have dependent children	
Child First Name and Initial:	Child Last Name:
Child	***
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:

40 Trumbull Street

City:

State:

Zip:

New Haven

CONNECTICUT

06510

Country:

Owner or Beneficiary:

Alexandra Daum and Alex Kleiner

☒ 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:

115 Cross Highway

City:

State:

Zip:

Redding

CONNECTICUT

06896

Country:

Owner or Beneficiary:

Alexandra Daum and Alex Kleiner

☒ 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:

64 Nicoll Street

City:

State:

Zip:

New Haven

CONNECTICUT

06511

Country:

Owner or Beneficiary:

Alexandra Daum and Alex Kleiner

☐ 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.

Blue Dot Properties LLC

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

Street Address 1:

Street Address 2:

12 Brown Street

City:

State:

Zip:

New Haven

CONNECTICUT

06511

Country:

Owner or Beneficiary:

Alexandra Daum and Alex Kleiner

☐ 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.

12 Brown Street Partners LLC

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

Street Address 1:

Street Address 2:

21 Sheldon Terrace

City:

State:

Zip:

New Haven

CONNECTICUT

06511

Country:

Owner or Beneficiary:

Alexandra Daum and Alex Kleiner

☐ 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.

667 Winthrop Partners LLC

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

Street Address 1:

Street Address 2:

667 Winthrop Avenue

City:

State:

Zip:

New Haven

CONNECTICUT

06511

Country:

Owner or Beneficiary:

Alexandra Daum and Alex Kleiner

☐ 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.

667 Winthrop Partners LLC

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

Street Address 1:

Street Address 2:

18 Philip Street

City:

State:

Zip:

New Haven

CONNECTICUT

06515

Country:

Owner or Beneficiary:

Alexandra Daum and Alex Kleiner

☒ 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:

412 Orange Street

Unit 5

City:

State:

Zip:

New Haven

CONNECTICUT

06510

Country:

Owner or Beneficiary:

Alexandra Daum and Alex Kleiner

☒ 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:**

Fellowship Place

Street Address 1:

441 Elm Street

Street Address 2:**City:**

New Haven

State:

CONNECTICUT

Zip:

06511

Nature of Business:

Non-Profit

Nature of Interest:

Director

Interest Held By:

Self

Business Affiliation**Category of Affiliated Business/Individual:**

No affiliation

Name of Business:

Rubicon Technology Partners

Street Address 1:

1911 11th Street

Street Address 2:

Suite 400

City:

Boulder

State:

COLORADO

Zip:

80302

Nature of Business:

Investment Firm

Nature of Interest:

Employee

Interest Held By:

Spouse

Business Affiliation		
Category of Affiliated Business/Individual:		
No affiliation		
Name of Business:		
Field Properties Management		
Street Address 1:		Street Address 2:
40 Trumbull Street		
City:	State:	Zip:
New Haven	CONNECTICUT	06510
Nature of Business:		Nature of Interest:
Property Management Firm		Owner
Interest Held By:		
Self		
Business Affiliation		
Category of Affiliated Business/Individual:		
No affiliation		
Name of Business:		
Field Properties Capital		
Street Address 1:		Street Address 2:
40 Trumbull Street		
City:	State:	Zip:
New Haven	CONNECTICUT	06510
Nature of Business:		Nature of Interest:
Real Estate Investment Firm		Investor
Interest Held By:		
Joint		

Business Affiliation		
Category of Affiliated Business/Individual:		
No affiliation		
Name of Business:		
New Haven Reads		
Street Address 1:		Street Address 2:
45 Bristol Street		
City:	State:	Zip:
New Haven	CONNECTICUT	06511
Nature of Business:	Nature of Interest:	
Non-Profit	Director	
Interest Held By:		
Spouse		
Business Affiliation		
Category of Affiliated Business/Individual:		
No affiliation		
Name of Business:		
Uplight Inc.		
Street Address 1:		Street Address 2:
2580 55th St		
City:	State:	Zip:
Boulder	COLORADO	80301
Nature of Business:	Nature of Interest:	
Software Company	Director	
Interest Held By:		
Spouse		

Business Affiliation		
Category of Affiliated Business/Individual:		
No affiliation		
Name of Business:		
Central Logic		
Street Address 1:		Street Address 2:
100 W Towne Ridge Pkwy		#350
City:	State:	Zip:
Sandy	UTAH	84070
Nature of Business:		Nature of Interest:
Software Firm		Director
Interest Held By:		
Spouse		
Business Affiliation		
Category of Affiliated Business/Individual:		
(2) A person that the filer knows or has reason to know is doing business with, or seeking to do business with the state		
Name of Business/Individual:		
Central Logic		
Street Address 1:		Street Address 2:
100 W Towne Ridge Pkwy		#350
City:	State:	Zip:
Sandy	UTAH	84070
Type of Business Affiliation:		Date Business Affiliation was Created:
Same		01/01/2020

Name of Business:		
Cityseed Inc		
Street Address 1:		Street Address 2:
817 Grand Avenue		
City:	State:	Zip:
New Haven	CONNECTICUT	06511
Nature of Business:		Nature of Interest:
Non-Profit		Director
Interest Held By:		
Self		
Business Affiliation		
Category of Affiliated Business/Individual:		
No affiliation		

Name of Business:		
Leila Day School		
Street Address 1:		Street Address 2:
100 Cold Spring Street		
City:	State:	Zip:
New Haven	CONNECTICUT	06511
Nature of Business:		Nature of Interest:
Education		Director
Interest Held By:		
Spouse		
Business Affiliation		
Category of Affiliated Business/Individual:		
No affiliation		

Name of Business:		
EverTrue Inc.		
Street Address 1:		Street Address 2:
330 Congress Street		
City:	State:	Zip:
Boston	MASSACHUSETTS	02210
Nature of Business:		Nature of Interest:
Software Company		Director
Interest Held By:		
Spouse		

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:

Rubicon Technology Partners

Recipient:

Spouse

Type Of Income Received:

Interest

Name of Employer or Other Source:

CIT Bank

Recipient:

Joint

Type Of Income Received:

Interest

Name of Employer or Other Source:

Vector Capital Partners IV

Recipient:

Spouse

Type Of Income Received:

Dividends

Name of Employer or Other Source:

National Financial Services LLC 14510

Recipient:

Joint

Type Of Income Received:
Dividends
Name of Employer or Other Source:
National Financial Services LLC 18942
Recipient:
Joint

Type Of Income Received:
Partnership Distributions
Name of Employer or Other Source:
Vector Capital Partners IV
Recipient:
Spouse

Type Of Income Received:
Partnership Distributions
Name of Employer or Other Source:
Rubicon Technology Partners GP L L C
Recipient:
Spouse

Type Of Income Received:
Capital Gains
Name of Employer or Other Source:
American Century Investments (Growth)
Recipient:
Joint

Type Of Income Received:
Capital Gains
Name of Employer or Other Source:
American Century Investments (Select)
Recipient:
Joint

Type Of Income Received:
Capital Gains
Name of Employer or Other Source:
National Financial Services LLC 14510
Recipient:
Joint

Type Of Income Received:
Partnership Distributions
Name of Employer or Other Source:
Field Properties Capital LLC
Recipient:
Self

Type Of Income Received:
Salary/Wages
Name of Employer or Other Source:
State of Connecticut
Recipient:
Self

Type Of Income Received:
Interest
Name of Employer or Other Source:
Ally Bank
Recipient:
Joint

Type Of Income Received:
Partnership Distributions
Name of Employer or Other Source:
Field Properties Management
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 2021

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

Name:

Alexandra Daum

Filed Date and Time:

04/27/2022 2:02 PM