Statement of Financial Interests for 2023

Departure Date :

PERSONAL INFORMATION

First Name and Middle initial:		Last Name:
John W		Fonfara
Street Address 1:		**Street Address 2:**
99 Montowese Street		
City:	**State:**	**Zip:**
Hartford	CONNECTICUT	06114

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

Phone Number:	Email Address:
(860) 240-0043	jwfonfara@gmail.com

OCCUPATION

☐ **Current Dual Employment**

Current State Position:	Membership:
Connecticut General Assembly	Senator - Other

Name of District:

1

☐ **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**

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: 99 Montowese Street

Street Address 2:

City: Hartford

State: CONNECTICUT

Zip: 06114

Country:

Owner or Beneficiary: John W. Fonfara

☑ **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:

Bulldog LLC

Street Address 1:

99 Montowese Street

Street Address 2:

City:

Hartford

State:

CONNECTICUT

Zip:

06114

Nature of Business:

Real Estate

Nature of Interest:

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:

Montowese Ventures, LLC

Street Address 1:

99 Montowese Street

Street Address 2:

City: Hartford

State: CONNECTICUT

Zip: 06114

Nature of Business: Real Estate

Nature of Interest: Owner

Interest Held By: Self

Business Affiliation

Category of Affiliated Business/Individual:

No affiliation

Name of Business:

Capitol Sign LLC

Street Address 1:

99 Montowese Street

Street Address 2:

City: Hartford

State: CONNECTICUT

Zip: 06114

Nature of Business: Construction Broker/ Energy

Nature of Interest: Owner

Interest Held By: Self

Business Affiliation

Category of Affiliated Business/Individual:

No affiliation

Name of Business:

Wattifi, Inc.

Street Address 1:

30 Sebethe Drive

Street Address 2:

City: Cromwell

State: CONNECTICUT

Zip: 06416

Nature of Business: Energy

Nature of Interest: Partner

Interest Held By: Self

Business Affiliation

Category of Affiliated Business/Individual:

No affiliation

Name of Business:

SERVISTAR LLC

Street Address 1:

12 Fernwood Road

Street Address 2:

City: West Hartford

State: CONNECTICUT

Zip: 06119

Nature of Business: Real Estate

Nature of Interest: Member

Interest Held By: Self

Business Affiliation

Category of Affiliated Business/Individual:

(1) A lobbyist

Name of Business/Individual:

Paul Corey

Street Address 1:

17 Flagg Hill Road

Street Address 2:

City:

Colebrook

State:

CONNECTICUT

Zip:

06021

Type of Business Affiliation:

co-membership

Date Business Affiliation was Created:

11/01/2020

Name of Business:

My Supply Manager LLC

Street Address 1:

30 Sebethe Drive

Street Address 2:

City:

Cromwell

State:

CONNECTICUT

Zip:

06416

Nature of Business:

Energy

Nature of Interest:

Owner

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 Connecticut

Recipient:

Self

Type Of Income Received:

Partnership Distributions

Name of Employer or Other Source:

Capitol Sign LLC

Recipient:

Self

Type Of Income Received:

Dividends

Name of Employer or Other Source:

Webster Financial Corp

Recipient:

Self

Type Of Income Received:

Capital Gains

Name of Employer or Other Source:

Kohls Corp

Recipient:

Self

Type Of Income Received:

Dividends

Name of Employer or Other Source:

Prospect Capital Corp

Recipient:

Self

Type Of Income Received:

Dividends

Name of Employer or Other Source:

Caterpillar Inc.

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:

Antero Midstream Corp (AM)

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:

Apple Inc (APPL)

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:

Banco Bilbao Vizcaya (BBVA)

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:

BRINKER INTERNATIONAL (EAT)

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:

CARNIVAL CORP PAIRED SHS

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:

Caterpillar Inc.

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:

Energy Transfer LP

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:

Enphase Energy

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:

Ford Motor Co

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:

FTI TECHNIPFMC PLC

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:

Hanesbrands Inc.

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:

Macerich Company

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:

META

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:

Norwegian Cruise Line

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:

Oxford Square

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:

Plains All American Pipeline LP

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:

Prospect Capital Corp

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:

Prudential Financial Inc.

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:

Sabre Corp SHS

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:

Simon Property Group (SPG)

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:

WBS

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:

WELLS FARGO & CO

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 Statues 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 2023

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

Name:	John W Fonfara
Filed Date and Time:	05/01/2024 3:06 PM