

Statement of Financial Interests for 2024



Departure Date :

PERSONAL INFORMATION

First Name and Middle initial:

John W

Last Name:

Fonfara

Street Address 1:

99 Montowese Street

Street Address 2:

City:

Hartford

State:

CONNECTICUT

Zip:

06114

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

Phone Number:

(860) 240-0043

Email Address:

jwfonfara@gmail.com

OCCUPATION

☐ Current Dual Employment

Current State Position:

Connecticut General Assembly

Membership:

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:

Street Address 2:

99 Montowese Street

City:

State:

Zip:

Hartford

CONNECTICUT

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:		Street Address 2:
99 Montowese Street		
City:	State:	Zip:
Hartford	CONNECTICUT	06114
Nature of Business:		Nature of Interest:
Real Estate		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:		Street Address 2:
99 Montowese Street		
City:	State:	Zip:
Hartford	CONNECTICUT	06114
Nature of Business:		Nature of Interest:
Real Estate		Owner
Interest Held By:		
Self		
Business Affiliation		
Category of Affiliated Business/Individual:		
No affiliation		

Name of Business:		
Capitol Sign LLC		
Street Address 1:		Street Address 2:
99 Montowese Street		
City:	State:	Zip:
Hartford	CONNECTICUT	06114
Nature of Business:		Nature of Interest:
Construction Broker/ Energy		Owner
Interest Held By:		
Self		
Business Affiliation		
Category of Affiliated Business/Individual:		
No affiliation		

Name of Business:		
Wattifi, Inc.		
Street Address 1:		Street Address 2:
30 Sebeth Drive		
City:	State:	Zip:
Cromwell	CONNECTICUT	06416
Nature of Business:		Nature of Interest:
Energy		Partner
Interest Held By:		
Self		
Business Affiliation		
Category of Affiliated Business/Individual:		
No affiliation		
Name of Business:		
SERVISTAR LLC		
Street Address 1:		Street Address 2:
12 Fernwood Road		
City:	State:	Zip:
West Hartford	CONNECTICUT	06119
Nature of Business:		Nature of Interest:
Real Estate		Member
Interest Held By:		
Self		

Business Affiliation		
Category of Affiliated Business/Individual:		
(1) A lobbyist		
Name of Business/Individual:		
Paul Corey		
Street Address 1:		Street Address 2:
17 Flagg Hill Road		
City:	State:	Zip:
Colebrook	CONNECTICUT	06021
Type of Business Affiliation:		Date Business Affiliation was Created:
co-membership		11/01/2020
Name of Business:		
My Supply Manager LLC		
Street Address 1:		Street Address 2:
30 Sebeth Drive		
City:	State:	Zip:
Cromwell	CONNECTICUT	06416
Nature of Business:		Nature of Interest:
Energy		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

Type Of Income Received:
Salary/Wages
Name of Employer or Other Source:
My Supply Manager LLC
Recipient:
Self

Type Of Income Received:
Dividends
Name of Employer or Other Source:
Oxford Lane Cap Corp
Recipient:
Self

Type Of Income Received:
Dividends
Name of Employer or Other Source:
Energy Transfer LP
Recipient:
Self

Type Of Income Received:
Dividends
Name of Employer or Other Source:
Plains All American Pipel LP
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:
Banco Santander SA
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:
Royal Caribbean Group
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 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 2024

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

Name:

John W Fonfara

Filed Date and Time:

04/30/2025 9:16 PM