

Statement of Financial Interests for 2022



Departure Date :

PERSONAL INFORMATION

First Name and Middle initial:

David A

Last Name:

Lehman

Street Address 1:

27 Ford Lane

Street Address 2:

City:

Old Greenwich

State:

CONNECTICUT

Zip:

06870

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

Phone Number:

(860) 500-2310

Email Address:

david.lehman@ct.gov

OCCUPATION

☐ Current Dual Employment

Current State Position:

Executive Branch

Membership:

Public Agency

Name of Agency:

Department of Economic & Community Development

Title/Position:

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:
Laura D	Lehman

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:

27 Ford Lane

City:

State:

Zip:

Old Greenwich

CONNECTICUT

06870

Country:

Owner or Beneficiary:

David and Laura Lehman

☐ 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.

Tom S. Ward Junior, Trustee

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

Street Address 1:

Street Address 2:

5 Daybreak Commons

City:

State:

Zip:

Westport

CONNECTICUT

06880

Country:

Owner or Beneficiary:

David and Laura Lehman

☒ 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:		
Viewmont Farm 2012 LLC		
Street Address 1:		Street Address 2:
27 Ford Lane		
City:	State:	Zip:
Old Greenwich	CONNECTICUT	06870
Nature of Business:		Nature of Interest:
Property Ownership		Sole Member
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:

Health Insurance

Name of Employer or Other Source:

State of Connecticut

Recipient:

Self

Type Of Income Received:

Capital Gains

Name of Employer or Other Source:

Investment Accounts / Securities

Recipient:

Joint

Type Of Income Received:

Dividends

Name of Employer or Other Source:

Investment Accounts / Securities

Recipient:

Joint

Type Of Income Received:

Dividends

Name of Employer or Other Source:

Investment Accounts / Securities

Recipient:

Dependent Residing in Household

Type Of Income Received:
Interest
Name of Employer or Other Source:
Investment Accounts / Securities
Recipient:
Joint

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

Type Of Income Received:
Salary/Wages
Name of Employer or Other Source:
St Saviours Nursery School
Recipient:
Spouse

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:

See Attached Spreadsheet

Owner or beneficiary if held by another:

Joint

☐ Held Directly?:

Held By:

Various

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

- ☐ If you, your spouse and/or your dependent children owe no debts of more than ten thousand dollars
- ☒ I choose to waive confidentiality such that my confidential addendum may be disclosed.
- ☐ I choose to retain confidentiality. Note: You must be ready to file all confidential information in this one session.

Name of Creditor:

Bank of America

Street Address 1:

100 North Tryon Street

Street Address 2:**City :**

Charlotte

State:

NORTH CAROLINA

Zip:

28255

Name of Creditor:

Goldman Sachs Group

Street Address 1:

200 West Street

Street Address 2:

7th Floor

City :

New York

State:

NEW YORK

Zip:

10282

Name of Creditor:

Citibank

Street Address 1:

PO Box 9001037

Street Address 2:**City :**

Louisville

State:

KENTUCKY

Zip:

40290

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 2022

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

Name:

David A Lehman

Filed Date and Time:

01/09/2023 1:30 PM