

Statement of Financial Interests for 2022



Departure Date :

PERSONAL INFORMATION

First Name and Middle initial:

Daniel

Last Name:

O'Keefe

Street Address 1:

21 Brooks Road

Street Address 2:

City:

New Canaan

State:

CONNECTICUT

Zip:

06840

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

Phone Number:

(860) 920-2239

Email Address:

daniel.okeefe@ct.gov

OCCUPATION

☐ Current Dual Employment

Current State Position:

Executive Branch

Membership:

Public Agency

Name of Agency:

Department of Economic & Community Development

Title/Position:

Chief Innovation Officer

☐ 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:
Sarah	O'Keefe

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:

21 Brooks Road

City:

State:

Zip:

New Canaan

CONNECTICUT

06840

Country:

Owner or Beneficiary:

Daniel & Sarah O'Keefe

☒ 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:

12618 Mallet Circle

City:

State:

Zip:

Wellington

FLORIDA

33414

Country:

Owner or Beneficiary:

3173 Blue Cypress LLC

☐ 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.

3173 Blue Cypress LLC

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

Street Address 1:

Street Address 2:

1153 Bay Road

City:

State:

Zip:

Brooklin

MAINE

04616

Country:

Owner or Beneficiary:

1153 Blue Hill RE Bay Road LLC

☐ 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.

1153 Blue Hill RE Bay Road LLC

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

Street Address 1:

Street Address 2:

38 Hamilton Lane

City:

State:

Zip:

Brooklin

MAINE

04616

Country:

Owner or Beneficiary:

Hamdun Lodge Real Estate Trust

☐ 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.

Hamdun Lodge Real Estate Trust

BUSINESSES		
BUSINESS (WITH WHICH ASSOCIATED)		
☐ If you are not associated with any business		
Name of Business:		
Brown University		
Street Address 1:		Street Address 2:
Brown University		
City:	State:	Zip:
Providence	RHODE ISLAND	02912
Nature of Business:		Nature of Interest:
Education		Various volunteer roles
Interest Held By:		
Self		
Business Affiliation		
Category of Affiliated Business/Individual:		
No affiliation		
Name of Business:		
Opportunity Network		
Street Address 1:		Street Address 2:
85 Broad Street		
City:	State:	Zip:
New York	NEW YORK	10004
Nature of Business:		Nature of Interest:
Non Profit		Board Member
Interest Held By:		
Self		

Business Affiliation		
Category of Affiliated Business/Individual:		
No affiliation		
Name of Business:		
Harvard Business School		
Street Address 1:		Street Address 2:
Boston		
City:	State:	Zip:
Boston	MASSACHUSETTS	02163
Nature of Business:	Nature of Interest:	
Education	Alumni Board Member	
Interest Held By:		
Self		
Business Affiliation		
Category of Affiliated Business/Individual:		
No affiliation		
Name of Business:		
Prove		
Street Address 1:		Street Address 2:
245 5th Avenue		
City:	State:	Zip:
New York	CONNECTICUT	10016
Nature of Business:	Nature of Interest:	
Technology Company	Board Member	
Interest Held By:		
Self		

Business Affiliation		
Category of Affiliated Business/Individual:		
No affiliation		
Name of Business:		
Pricefx		
Street Address 1:		Street Address 2:
110 N Upper Wacker Drive		
City:	State:	Zip:
Chicago	ILLINOIS	60606
Nature of Business:	Nature of Interest:	
Technology Company	Board Member	
Interest Held By:		
Self		
Business Affiliation		
Category of Affiliated Business/Individual:		
No affiliation		
Name of Business:		
Guesty		
Street Address 1:		Street Address 2:
Eliezer Kaplan St 2		
City:	State:	Zip:
Tel Aviv	OTHER COUNTRY	99999
Nature of Business:	Nature of Interest:	
Technology Company	Board Member	
Interest Held By:		
Self		

Business Affiliation		
Category of Affiliated Business/Individual:		
No affiliation		
Name of Business:		
Blue Hill Equine LLC		
Street Address 1:		Street Address 2:
21 Brooks Road		
City:	State:	Zip:
New Canaan	CONNECTICUT	06840
Nature of Business:	Nature of Interest:	
Investments	Managing Member	
Interest Held By:		
Spouse		
Business Affiliation		
Category of Affiliated Business/Individual:		
No affiliation		
Name of Business:		
Blue Hill Partners, LLC		
Street Address 1:		Street Address 2:
21 Brooks Road		
City:	State:	Zip:
New Canaan	CONNECTICUT	06840
Nature of Business:	Nature of Interest:	
Investments	Managing Member	
Interest Held By:		
Self		

Business Affiliation
Category of Affiliated Business/Individual:
No affiliation



BUSINESSES**TRUSTS**☐ If you are not part of a trust**Name of Trust:**

Elise P. O'Keefe 2016 Trust

Name of Trustee(s):

Sarah O'Keefe

Beneficiary:

Dependent Residing in Household

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

No affiliation

Name of Trust:

Emery H. O'Keefe 2016 Trust

Name of Trustee(s):

Sarah O'Keefe

Beneficiary:

Dependent Residing in Household

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

No affiliation

Name of Trust:

Daniel H. O'Keefe Insurance Trust

Name of Trustee(s):

Sarah O'Keefe & Megan Manzo

Beneficiary:

Dependent Residing in Household

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

No affiliation

Name of Trust:	Name of Trustee(s):
O'Keefe Family 2020 Trust	Sarah O'Keefe & Megan Manzo
Beneficiary:	
Dependent Residing in Household	

Business Affiliation
Category of Affiliated Business/Individual:
No affiliation

Name of Trust:	Name of Trustee(s):
Daniel H. O'Keefe 2022 GRATs 1, 2 & 3	Daniel O'Keefe
Beneficiary:	
Spouse	

Business Affiliation
Category of Affiliated Business/Individual:
No affiliation

INCOME SOURCES

☐ If you do not have an Income Source(s)

Type Of Income Received:

Capital Gains

Name of Employer or Other Source:

Investments

Recipient:

Joint

Type Of Income Received:

Dividends

Name of Employer or Other Source:

Investments

Recipient:

Joint

Type Of Income Received:

Interest

Name of Employer or Other Source:

Savings

Recipient:

Joint

Type Of Income Received:

Partnership Distributions

Name of Employer or Other Source:

Apax

Recipient:

Self

Type Of Income Received:
Partnership Distributions
Name of Employer or Other Source:
TCV
Recipient:
Self

Type Of Income Received:
Partnership Distributions
Name of Employer or Other Source:
Guidepost
Recipient:
Self

Type Of Income Received:
Partnership Distributions
Name of Employer or Other Source:
Firstmark
Recipient:
Self

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:
Apax
Recipient:
Self

Type Of Income Received:
Rent
Name of Employer or Other Source:
Rental income
Recipient:
Joint

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 addendum
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

☐ 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:

Morgan Stanley

Street Address 1:

1585 Broadway

Street Address 2:

City :

New York

State:

NEW YORK

Zip:

10036

Name of Creditor:

JP Morgan

Street Address 1:

270 Park Avenue

Street Address 2:

City :

New York

State:

NEW YORK

Zip:

10022

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:

Daniel O'Keefe

Filed Date and Time:

09/08/2023 4:20 PM