Statement of Financial Interests for 2023

Departure Date :

PERSONAL INFORMATION

First Name and Middle initial:		Last Name:
Daniel		O'Keefe
Street Address 1:		**Street Address 2:**
21 Brooks Road		
City:	**State:**	**Zip:**
New Canaan	CONNECTICUT	06840

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

Phone Number:	Email Address:
(860) 920-2239	daniel.okeefe@ct.gov

OCCUPATION

☐ **Current Dual Employment**

Current State Position:	Membership:
Executive Branch	Public Agency
Name of Agency:	**Title/Position:**
Department of Economic & Community Development	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:

Brown University

Street Address 2:

City:

Providence

State:

RHODE ISLAND

Zip:

02912

Nature of Business:

Education

Nature of Interest:

Various volunteer roles

Interest Held By:

Self

Business Affiliation

Category of Affiliated Business/Individual:

No affiliation

Name of Business:

Opportunity Network

Street Address 1:

85 Broad Street

Street Address 2:

City:

New York

State:

NEW YORK

Zip:

10004

Nature of Business:

Non Profit

Nature of Interest:

Board Member

Interest Held By:

Self

Business Affiliation

Category of Affiliated Business/Individual:

No affiliation

Name of Business:

Harvard Business School

Street Address 1:

Boston

Street Address 2:

City:

Boston

State:

MASSACHUSETTS

Zip:

02163

Nature of Business:

Education

Nature of Interest:

Alumni Board Member

Interest Held By:

Self

Business Affiliation

Category of Affiliated Business/Individual:

No affiliation

Name of Business:

Prove

Street Address 1:

245 5th Avenue

Street Address 2:

City:

New York

State:

CONNECTICUT

Zip:

10016

Nature of Business:

Technology Company

Nature of Interest:

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:

21 Brooks Road

Street Address 2:

City:

New Canaan

State:

CONNECTICUT

Zip:

06840

Nature of Business:

Investments

Nature of Interest:

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:

21 Brooks Road

Street Address 2:

City:

New Canaan

State:

CONNECTICUT

Zip:

06840

Nature of Business:

Investments

Nature of Interest:

Managing Member

Interest Held By:

Self

Business Affiliation

Category of Affiliated Business/Individual:

No affiliation

STATE OF CONNECTICUT · INTEGRITY · ACCOUNTABILITY · HONESTY · QUI TRANSTULIT SUSTINET · OFFICE OF STATE ETHICS

BUSINESSES

TRUSTS

☐ **If you are not part of a trust**

Name of Trust:	**Name of Trustee(s):**
Elise P. O'Keefe 2016 Trust	Sarah O'Keefe

Beneficiary:

Dependent Residing in Household

Business Affiliation

Category of Affiliated Business/Individual:

No affiliation

Name of Trust:	**Name of Trustee(s):**
Emery H. O'Keefe 2016 Trust	Sarah O'Keefe

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 Insurance 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):
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:

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**
- [x] **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:		**Street Address 2:**
1585 Broadway		
City :	**State:**	**Zip:**
New York	NEW YORK	10036

Name of Creditor:		
JP Morgan		
Street Address 1:		**Street Address 2:**
270 Park Aveneue		
City :	**State:**	**Zip:**
New York	NEW YORK	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 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:	Daniel O'Keefe
Filed Date and Time:	04/27/2024 1:24 PM