

Statement of Financial Interests for 2022



Departure Date :

PERSONAL INFORMATION

First Name and Middle initial:

Michelle

Last Name:

Seagull

Street Address 1:

310 Founders Road

Street Address 2:

City:

Glastonbury

State:

CONNECTICUT

Zip:

06033

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

Phone Number:

(860) 539-4243

Email Address:

michelle.seagull@ct.gov

OCCUPATION

☐ Current Dual Employment

Current State Position:

Executive Branch

Membership:

Public Agency

Name of Agency:

Department of Consumer Protection

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:
Daniel	Seagull

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:

310 Founders Road

City:

State:

Zip:

Glastonbury

CONNECTICUT

06033

Country:

Owner or Beneficiary:

Michelle and Daniel Seagull

☒ 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**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:

Capital Gains

Name of Employer or Other Source:

BOT SX

Recipient:

Joint

Type Of Income Received:

Salary/Wages

Name of Employer or Other Source:

Zag Interactive

Recipient:

Spouse

Type Of Income Received:

Capital Gains

Name of Employer or Other Source:

DISVX

Recipient:

Joint

Type Of Income Received:
Dividends
Name of Employer or Other Source:
DFAC
Recipient:
Joint
Type Of Income Received:
Dividends
Name of Employer or Other Source:
DFCEX
Recipient:
Joint
Type Of Income Received:
Dividends
Name of Employer or Other Source:
DFIEX
Recipient:
Joint
Type Of Income Received:
Dividends
Name of Employer or Other Source:
DFIV
Recipient:
Joint

Type Of Income Received:
Dividends
Name of Employer or Other Source:
QCERX
Recipient:
Joint

Type Of Income Received:
Dividends
Name of Employer or Other Source:
DFXIX
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:

Bridgeway Omni Tax MNGD Small Cap Value

Owner or beneficiary if held by another:

Joint

☒ **Held Directly?:**

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:

CCLFX

Owner or beneficiary if held by another:

Spouse

☒ **Held Directly?:**

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:

DFA Diversified Fixed Income

Owner or beneficiary if held by another:

Joint

☒ **Held Directly?:**

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
DFA Emerging Markets Core Equity
Owner or beneficiary if held by another:
Joint
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
DFA Global Real Estate SEC Portfolio
Owner or beneficiary if held by another:
Joint
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
DFA International Core Equity Portfolio
Owner or beneficiary if held by another:
Joint
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
DFAC
Owner or beneficiary if held by another:
Joint
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
DFIV
Owner or beneficiary if held by another:
Joint
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
DGEIX
Owner or beneficiary if held by another:
Dependent Residing in Household
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
DISVX
Owner or beneficiary if held by another:
Joint
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
FBGTX
Owner or beneficiary if held by another:
Spouse
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Fidelity Government Cash Reserves
Owner or beneficiary if held by another:
Joint
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
FUMBX
Owner or beneficiary if held by another:
Joint
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Ishares D. Jones US Total Mkt Index Fund
Owner or beneficiary if held by another:
Joint
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
iShares MSCI Emerging Markets
Owner or beneficiary if held by another:
Joint
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
LENDX
Owner or beneficiary if held by another:
Spouse
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
QCERX
Owner or beneficiary if held by another:
Joint
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
QSPRX
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:
SHRIX
Owner or beneficiary if held by another:
Spouse
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
SRRIX
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:
VGIT
Owner or beneficiary if held by another:
Joint
☒ 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 2022

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

Name:

Michelle Seagull

Filed Date and Time:

03/22/2023 1:55 PM