Statement of Financial Interests for 2024

Departure Date :

PERSONAL INFORMATION

First Name and Middle initial:		Last Name:
Gary A		Winfield
Street Address 1:		**Street Address 2:**
480 Winchester Avenue		
City:	**State:**	**Zip:**
New Haven	CONNECTICUT	06511

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

Phone Number:	Email Address:
(203) 676-0835	gary.winfield@cga.ct.gov

OCCUPATION

☐ **Current Dual Employment**

Current State Position:	Membership:
Connecticut General Assembly	Senator - Democrat

Name of District:

10

☑ **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:
Connecticut General Assembly	Representative - Democrat

Name of District:

94

SPOUSE

☐ **If you do not have a Spouse**

Spouse First Name and Initial:	Spouse Last Name:
Rasheda R	McArthur

FAMILY MEMBERS (CHILDREN)

☐ **If you do not have dependent children**

Child First Name and Initial:	Child Last Name:
Child	***
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:**
480 Winchester Ave		
City:	**State:**	**Zip:**
New Haven	CONNECTICUT	06511
Country:		
Owner or Beneficiary:		
Gary Winfield		

☑ **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:

CSU-AAUP

Recipient:

Self

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:

Arden House

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**

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:		
Wells Fargo Home Mortgage		
Street Address 1:		**Street Address 2:**
P.O. Box 10335		
City :	**State:**	**Zip:**
Des Moines	IOWA	50306

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 2024

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

Name:	Gary A Winfield
Filed Date and Time:	04/30/2025 2:26 PM