



STATE MARSHALS 2007 ANNUAL STATEMENT OF INCOME

State Marshal's Name (Please Print): Susan L. Voigt P.O. Box 3237 New Haven, CT 06515

State Marshal's County: New Haven

**SALARY** a. \$ -

**SERVICE OF PROCESS** b. \$ 154,033.00

On a page 3, list name(s), address(es), and amount(s) received from any person(s) or firms(s) who, in 2007, paid you \$1000 or more for service of process.

**EXECUTIONS** (wages, bank, property, etc.)  
On a page 3, list name(s), address(es), and amount(s) received from any person(s) or firm(s) who, in 2007, paid you \$1,000 or more for execution services. b. \$ 325.00

**COLLECTION OF DELINQUENT TAXES**  
On a page 3, list name(s), address(es), and amount(s) received from any person(s) or firm(s) who, in 2007, paid you \$1,000 or more for collection services. c. \$ -

**OTHER INCOME FROM MARSHAL SERVICES**  
On a page 3, list name(s), address(es), and amount(s) received from any person(s) or firm(s) who, in 2007, paid you \$1,000 or more for collection services. e. \$ -

**GROSS INCOME** (add lines a, b, c, d and e) f. \$ 154,358.00

OFFICE OF STATE ETHICS  
 18-20 Trinity Street  
 Hartford, CT 06106-1660

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Expense	
Copying costs	25.21
Correction	152.72
Office Improvement	139.18
Marketing and Advertising	40.00
Taxes	
Car tax	447.00
State Income Tax	5,693.00
Total Taxes	<u>6,140.00</u>
Telephone Cellular	2,707.70
Write off	105.02
6110 · Automobile Expense	8,022.29
6180 · Insurance	
6185 · Liability Insurance	<u>825.00</u>
Total 6180 · Insurance	825.00
6250 · Postage and Delivery	
Postage	<u>2,003.63</u>
Total 6250 · Postage and Delivery	2,003.63
6260 · Printing and Reproduction	220.04
6270 · Professional Fees	
Annual Marshal Fee	250.00
Services	5,995.96
Subpoena witness fee Federal Ct	150.34
Total 6270 · Professional Fees	6,396.30
6350 · Travel & Ent	
6360 · Entertainment	116.35
6370 · Meals	<u>95.36</u>
Total 6350 · Travel & Ent	211.71
6550 · Office Supplies	
Telephone	100.38
6550 · Office Supplies - Other	<u>2,780.00</u>
Total 6550 · Office Supplies	<u>2,880.38</u>
Total Expense	<u>29,869.18</u>

Net Income (page 1, line f minus page 2, line j) \$ 124,489

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List Names(s) of, address(es) of, and amount(s) received from any person(s) or firm(s) who, in 2007, paid you \$1,000 or more for **service of process**.

Name and Address	Amount Received
Barlett Law Offices, P.C. 742 Chapel Street New Haven, CT 06510	\$ 1,516
Mongillo & Insler, P.C. 26 Elm Street 2nd floor New Haven, CT 06510	\$ 39,078
Palumbo & DeLaura PC 528 Chapel Street New Haven, CT 06511	\$ 60,310
State of Connecticut Office of the Controller, 55 Elm Street Hartford, CT 06103	\$ 6,907
Susman, Duffy, Segaloff 55 Whitney Avenue New Haven, CT 06510	\$ 33,031
Yale Legal Clinic Jerome Frank 66 Wall Street New Haven, CT 06511	\$ 1,162
New Haven Legal Assistance 426 State Street New Haven, CT 06510	\$ 1,611
Brenner Saltzman and Wallman 271 Whitney Ave New Haven, CT 06511	\$ 2,286
Day Pitney LLP One Audubon New Haven, CT 06504	\$ 1,037
Yale New Haven Hospital 20 York Street New Haven, CT 06504	\$ 2,994
<b>TOTAL</b>	<b>\$ 149,932</b>

Execution Services NONE  
 Collection Services NONE  
 Other Marshal Services NONE

If you need additional space, please make as many additional copies of this page as necessary

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**CERTIFICATION**

1. 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.
2. I UNDERSTAND that all information I provide on this form shall be a matter of public record, and shall be disclosed by the Office of State Ethics upon request, unless exempt from disclosure by the Freedom of Information Act, Connecticut General Statutes, 1-200 et. Seq.
3. I UNDERSTAND that if I leave office, I must file notify the Office of State Ethics, and I must file a Statement of Annual Income earned through the last date I serve as a State Marshal.
4. I CERTIFY, UNDER PENALTY OF FALSE STATEMENT, that this Annual Statement of Income is a complete and accurate statement of income earned and expenses made in my capacity as a state marshal during the calendar year 2006.

I have read and agree to the above certification.

*Susan L. Voigt*  
Signature

*Susan Voigt*

1-May-08

Date

IF YOU LEFT OFFICE IN 2007 INDICATE DATE: \_\_\_\_\_

**Please Note:** This report must be received by the Office of State Ethics, 18-20 Trinity Street, Hartford, CT 06106-1660 **on or before May 1, 2008**. If you have questions, please contact us at 860-566-4472.