ID# 103831

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HAND DELIVERED
Due By April 24, 2009

Rhode Island Ethics Commission

2008 YEARLY FINANCIAL STATEMENT

RECEIVED
RHODE ISLAND
ETHICS COMMISSION
09 APR 24 PM 2:50

ELIZABETH M DENNIGAN
54 HORSFORD AVENUE
EAST PROVIDENCE RI 02916-

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2008 THROUGH DECEMBER 31, 2008 UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO STATE. ANSWERS SHOULD BE PRINTED OR TYPED, and additional sheets may be used if more space is needed. For clarification of any question, read instruction sheet.

Note: If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2008 Yearly Financial Statement in the mail but believe you did not hold a public position in 2008 or 2009 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. DENNIGAN ELIZABETH M.
NAME OF OFFICIAL (LAST) (FIRST) (INITIAL)

2. 54 HORSFORD AVE. EAST PROVIDENCE RI 02916
HOME ADDRESS (STREET) (CITY/TOWN) (ZIP CODE)

MAILING ADDRESS (If different from home address)

3. List Public Position(s) you hold and governmental unit:

STATE REPRESENTATIVE
(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

I was elected on 1997 (date) I was appointed on _____ (date). I was hired on _____ (date).

If you no longer hold a public position, state date of termination or resignation _____.

4. List elected office(s) for which you were/are a candidate in either calendar year 2008 or 2009 (Read instruction #4)

STATE REPRESENTATIVE

5. List the following: NAME OF SPOUSE

KARL MACHATA

6. List the names of any employer from which you, your spouse, or dependent child received $1,000 or more gross income during calendar year 2008. If self-employed, list any occupation from which $1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of $250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of $250 it must be listed here. **(Do Not List Amounts.)**

NAME OF FAMILY MEMBER EMPLOYED	NAME AND ADDRESS OF EMPLOYER OR OCCUPATION	DATES AND NATURE OF SERVICES RENDERED
ELIZABETH DENNIGAN	STATE OF RHODE ISLAND PROVIDENCE, RI 02903	YEAR 2008 - LEGISLATOR
~~ELIZABETH DENNIGAN~~ ELIZABETH DENNIGAN	KENT HOSPITAL ER 455 TOLLGATE RD, WRK RI 02886	YEAR 2008 - NURSING
ELIZABETH DENNIGAN	ELIZABETH DENNIGAN, ESQ. 1 RICHMOND SQ PROVIDENCE RI 02906	YEAR 2008 - LEGAL
ELIZABETH DENNIGAN	STURDY HOSPITAL ER ATTLEBORO, MA	MAY/JUNE 2008 - NURSING
KARL MACHATA	KENT EMERGENCY PHYSICIANS INC 455 TOLLGATE RD WRK RI 02886	Year 2008 - MEDICAL
KARL MACHATA	KECHES & MALLON TAUNTON MASSACHUSETTS	2008 - medical - legal

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES	NATURE OF INTEREST	ADDRESS OR DESCRIPTION
ELIZABETH DENNIGAN / KARL MACHATA	OWNERSHIP	16 THIRD ST NARRAGANSETT RHODE ISLAND SUMMER HOME

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received $1,000 or more gross income. List assets if known. **(Do Not List Amounts.)**

NAME OF TRUST: Ø

NAME OF TRUSTEE AND ADDRESS:

NAME OF FAMILY MEMBER RECEIVING TRUST INCOME:

ASSETS:

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER	NAME AND ADDRESS OF BUSINESS	POSITION
~~CASPARI TRUST (IRREVOCABLE)~~ ELIZABETH DENNIGAN, ESQ.	CASPARI IRREVOCABLE TRUST 54 HORSFORD AVE EAST PROVIDENCE RI 02916	TRUSTEE
ELIZABETH DENNIGAN, ESQ.	PETRIN FAMILY TRUST 54 HORSFORD AVE EAST PROVIDENCE RI 02916	TRUSTEE

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of $100 in cash or property during calendar year 2008 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING GIFT OR CONTRIBUTION	NAME AND ADDRESS OF PERSON OR ENTITY MAKING GIFT OR CONTRIBUTION
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11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a $5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER	NAME AND ADDRESS OF BUSINESS
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12. If any business listed in #11, above, did business in excess of a total of $250 in calendar year 2008 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS	NAME OF AGENCY	DATE AND NATURE OF TRANSACTION
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13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS	NAME OF REGULATING AGENCY
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14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a $5,000 or greater ownership or investment interest in a business after January 1, 2009 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS	DESCRIPTION OF INTEREST (NOT AMOUNT) AND DATE ACQUIRED AND/OR DIVESTED
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NAME OF REGULATING AGENCY	HOW REGULATED

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a $5,000 or greater ownership or investment interest in a business after January 1, 2009 and before the date you file this statement, which did business in excess of $250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS	DESCRIPTION OF INTEREST DATE ACQUIRED AND/OR DIVESTED (DO NOT INCLUDE AMOUNT)	NAME OF STATE OR MUNICIPAL AGENCY
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16. If you, your spouse or dependent child were indebted in an amount in excess of $1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR	NAME AND ADDRESS OF LENDER
• ELIZABETH DENNIGAN	SALLIE MAE SERVICING (STUDENT LOANS) PO BOX 9500 WILKES-BARRE PA
• KARL MACHATA	SALLIE MAE SERVICING (STUDENT LOANS) PO BOX 9500 WILKES BARRE PA

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2008 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

Elizabeth Dennigan
SIGNATURE

State of Rhode Island
County of Providence

Subscribed and sworn to before me at Providence this 24th day of April 2009.

My Commission expires: 4/2/2012

Stacy A. Pax
SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.