Name



FEB 15 2012

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office:

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2011 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2011 through December 31, 2011

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Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m. on February 15, 2012. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

BIZAROZTA M. SCH	IN ELDER	☐ House ☐ Senate
Mailing address		District
City, zip code		Phone (The second seco
DROND 044+3		207 866-7359 2ANS 207 852-2716-Cel
PART 1. INCOM	E DERIVED FROM EMPLOYME	NT BY ANOTHER
List the name and address of each private or put whom you received compensation of \$1,000 or mo	olic employer, including the Legislatur ore. Specify the principal type of econ	e and any agency or subdivision of the State, from omic activity of each employer.
☐ None		
Name of Employer	Address	Principal Type of Economic Activity of Employer
маничным и на том развитам проблем об странент в простителения на применения на применения применения в применения на применения пр	talikan keninduk kan musati untuk menunun mendatan mengebangan mengila tata proporti dan pendatan pend	The Electrical Control of Control
	M 100 ft	
PART 2. INCOME DEF	RIVED FROM SELF-EMPLOYME	NT OR LAW PRACTICE
A. List the name and address of your business or derived income. If associated with a partnership, activity or practice of that entity.	law firm, if any, and list the major are firm, professional association, or simil	eas of economic activity or practice from which you ar business entity, list the major areas of economic
None	масынд үнчин өн мен (ССС) орын Адааба сайн өн магашиштий из голын сай сагоо этог ин оны из энч мөн онын сайн анын орын онын айгаагаан орундагаагаа	49/07/99 (19/07/15/15/05/05/05/05/05/05/05/05/05/05/05/05/05
Name and Address of Business Entity or Law	Firm Major Areas of Econom Law Practice (s	
Name:		
Address:		
Name:		
Address:		

PART 2 (continued). IN	ICOME DERIVED FROM SELF	-EMPLOYMENT
B. List each source of income derived from self-emplo \$1,000, whichever is greater, and specify the principal income. If this form of disclosure is prohibited by law, rul economic activity of the entity or person from whom the in	type of economic activity of the ale, or an established code of profe	entity or person from whom you derived such
Name and Address of	f Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	обобот выдываем выполнения выполнения выполнения выполнения выполнения выполнения выполнения выполнения выполн	- ADDITION DESCRIPTION OF THE DESCRIPTION AND ADDITION OF AN ADDITION OF A ADDITION OF
Address:		
мате:	SCOARCEARD AMERICA PER SERVICE ON A CONTRACT AND ACTION ACTION AND ACTION ACTIO	$\label{thm:controlled} We describe the described and the describ$
Address:	·	er granden van de la companya de la
the second of the second was a property of the second of	OTHER SOURCES OF INCOM	
List each source of income of \$1,000 or more not listed in box.	Parts 1 or 2 of this form. Do not in	nclude gifts or honoraria. If none, check the
None	CANADOS DE CONTROLO C	Kind of Income
Name and Address of	Source	(investments, leases, etc.)
Name: HEATHER SINITUL		
Address: 57 BENNOCU RUAD OF	RAND	conression recommendative conference conservation and account of the conference and account of t
Name: VANGUARD ROLLOUGE IRA		(F)
Address: Box 2600 Valled Follow	PA 19482-2600	1 N V85772178 VO
Name: BANK OF AMERICA		VI collection of the collectio
Address: BCX 25118 TAMPATE	33622-5118	INVESTIMATES
PART 4.	REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$ areas of economic activity of each creditor. Do not list cre regulated financial institutions. If none, check the box.	33,000 or more that you received edit card liabilities, educational loar	during the reporting period, and list the major ns, loans from a relative, or business loans from
None	(COMPRESSED OF ROMALI) POR SIGNATURA (ROMALI) POR SIGNATURA (COMPRESSED OF SIGNATURA (COMPRESSED	инается нешення положность положность положность положность на положность положно
Name and Address of	Creditor	Principal Type of Economic Activity of Creditor
Name:	•	
Address:		
Name:	where the description of the two descriptions are also described as the description of the description and the description of	$\label{thm:prop} Set (a) = (1 + (1 + (1 + (1 + (1 + (1 + (1 + (1$
Address:		
PART 5. GIFTS, INCLU	UDING TRAVEL AND ACCOM	MODATIONS
List the specific source of gifts received during the reportin		
☐ None	Shell menunahakakatan arakasan menunat termenan menunahan menunakatan dari dari dari dari dari dari dari dari	PROPERTY AND
Name of Source of Gift		Name of Source of Gift
1.	Particin to control on an in-the resolution behavior and interest that the control of actual Control actual Con	тення выполня
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TANK TERMINANTAN PROPERTY OF THE PROPERTY OF T	ART 6. HONORARIA		
List the source of any honoraria accepted for appearances	or speeches. If none, check	the box.	
None	ampy film at the film for the film as all that a second of the film of the fil	NELINEARA (NOCONATEENIETI OEEN ETWESTE (NOCOTE POLITICAL ANTOITE ANTOI	. School 1250-325000000 14500000000000000000000000000000
Name of Source of Honoraria	negarija jumane gaja "wan na zamajan nema gajajijima na pamane ajan na n	Name of Source of H	onoraria ·
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2.	4.	t simmedidensemmen en men en med en die der det til til de det til til de det til de de det til de de det til de	
PART 7. REPRESE	NTATION BEFORE STAT	E AGENCIES	
List each executive branch agency before which you repre box.	sented or assisted others for	r compensation of any a	amount. If none, check the
Name of Agency	yangayla miser sangganamus sangganamus ana gaganamis da sa sangganamis da sa sangganamis da sa sangganamus sang	Name of Agend	
СВВЕТА БАССАН ТОСТИН СТАТИТИ С	estiment in the light production of recommendation and recommendation and the state of the state	Mattie of Walle	rederings to \$100 \$100 \$10.00 \$155 \$ \$100 \$100 \$100 \$100 \$100 \$100
1.	3.		
2.	4.		
PART 8. BUSI List each executive branch agency to which you or a mem	INESS WITH STATE AGE		e with a value in excess of
\$1,000 during the reporting period. Indicate whether you or	a family member sold the go	oods or services. If none	e, check the box.
None Name of Agency	ANDAMIEN NA MIERINGER STULT BAN AAND TE OO STOONEELE WETH OOS TO TO TO THE OOS TE STOONE OF THE STOONE OF THE S	Name of Agend	TO SET AND THE SECOND TO SECOND SECON
CONTRACTOR	garjaniin-arry-miijihaarjaniijan ingiri-anneeneeneeneeneeneen $lpha$ -arrianiiniiniiniineeneeneeniii $lpha$	E THE PROPERTY OF THE PROPERTY	ын Соол Сооння в Соння в общей в више больной мейенов общей обще
1.		AND LANGUE OF MARKET & MARKET METERAL ELECTRICAL PROPERTY AND	UTTIGEN TIL STERNE STERNE STERNE SE SETTE ALTERE STERNE STERNE SE SETTE SE SETTE SE SETTE SE SE SETTE SE SE SE
2.	4.		
PART 9. INCOME RECEIV List the type of economic activity representing each source dependent child(ren) during the reporting period and the kir	e of income of \$1,000 or mor	re received by your spo	use or domestic partner or
of \$1,000 or more, list his or her name and job title. List only not include gifts.			
Name of Spouse or Domestic Partner and Job Title	Type of Economic A Representing Source Received		Kind of Income
Name:	1	1	
	2		
Job Title:	3	3	
Dependent Child(ren) - Job Titles Only			
Job Title:			
Job Title:	myself, plate to enter the members of the members o	AND PROPERTY AND THE CONTRACT	«КВИК» до гла вышения в принце пр
Job Title:	Учедация, на послед в соди с Инвидент в послед на пода	(ACATHINE AND	nante deut Griff Modellook (M. Hold H. & Blent H. M. H.

PART 10. OFF	CER OR DIRECTO	R POSITIONS		
List any for-profit or nonprofit corporation, firm, association, neld any office, trusteeship, directorship, or position of any r the position was compensated. If a family member is listed,	nature. Indicate wheth	er you or a family i	member held the pos	sition and whethe
□ None				
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated'
NLA-RX PO BOX 493 ItOHONCES ME 043 47	MEMBER	\$ & & .		No
THE WORLERS RIGHTS BOARD OF EASTERN MAINE 20 1182-5 ST. BREWER WE OGA 12	Minser , N	5 27	en e	γVa
MAINE CONTER FR INTEGENTER REHARD 248 STATE ST.	Wimbac Wimbac	5 E F F	ANTERNA MANAGEMENTA MANAGEMENT	No
Brever Mª OATIZ HOUSE IN THE WOODS				
LEE ME.	SIGNATURE	JUST AND ALG)NZOK	$-\infty$
Legislator who willfully fails to file a required stateme he intentional filing of a false statement is a Class E could fill fully filed a false statement, it shall refer its findings	rime. If the Commis	sion concludes t y General. (1 M	hat it appears that	7-A) : a Legislator ha
Signature Signature	IONAL INFORMATI		Datte	

the information	any additional information below (and on additional sheets if needed). Indicate the part or section number fo you are providing. Use additional pages, if necessary.
Part/Section Number	
g	GE STOUS
3	ME CIZZOIT UNION
3	BANGOL SAVINGS
3	ALSTATE INSTRANCE (MSSURANCE PLAN)
3	ALIMONY BRAITSINGER
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