

Statement of Financial Interests for 2009



PERSONAL INFORMATION		
First Name and Middle initial:	Last Name:	
Deborah W	Heinrich	
Street Address 1:	Street Address 2:	
11 Beaver Pond Road		
City:	State:	Zip:
Madison	CONNECTICUT	06443
<input type="checkbox"/> If you are claiming an exemption from disclosure for this property under FOIA		
Phone Number:	Email Address:	
(860) 240-0272	deborah.heinrich@cga.ct.gov	

OCCUPATION	
<input type="checkbox"/> Current Dual Employment	
Current State Position:	Membership:
Connecticut General Assembly	Representative - Other
Name of District:	
101	
<input type="checkbox"/> If you have held a different state position or left state service in 2009	
<input type="checkbox"/> 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:

Russell S Heinrich

FAMILY MEMBERS (CHILDREN)

If you do not have dependent children

Child First Name and Initial: Child Last Name:

Olivia G Heinrich

Quincy E Heinrich

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:

11 Beaver Pond Road

City: State: Zip:

Madison CONNECTICUT 06443

Country:

Owner or Beneficiary:

Deborah and Russell Heinrich

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

Name of Business:

Childbirth Education for Thinking Women

Street Address 1:

11 Beaver Pond Road

Street Address 2:

City:

Madison

State:

CONNECTICUT

Zip:

06443

Nature of Business:

Childbirth Education

Nature of Interest:

Owner

Interest Held By:

Self

Business Affiliation

Category of Affiliated Business/Individual:

No affiliation

Business Affiliation

Category of Affiliated Business/Individual:

No affiliation

BUSINESSES

TRUSTS

If you are not part of a trust

Name of Trust: **Name of Trustee(s):**

The Wellner Family Trust Deborah W. Heinrich

Nature of Business: **Nature of Interest:**

Beneficiary:

Self

Business Affiliation

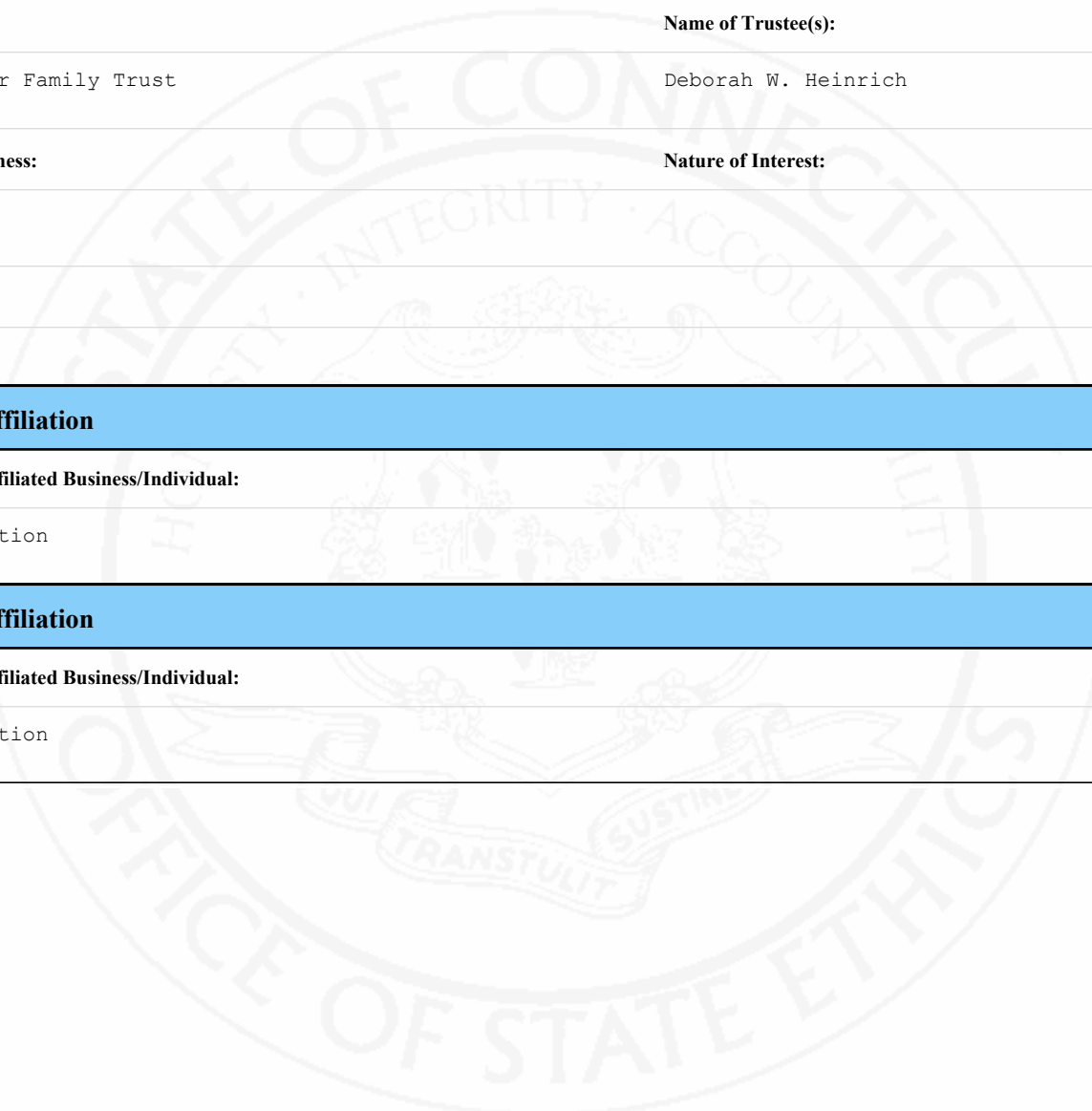
Category of Affiliated Business/Individual:

No affiliation

Business Affiliation

Category of Affiliated Business/Individual:

No affiliation



INCOME SOURCES

If you do not have a Income Source(s)

Description of Source:

Dividends

Name of Employer or Other Source:

Investments

Recipient:

Joint

Description of Source:

Salary/Wages

Name of Employer or Other Source:

Childbirth Education for Thinking Women

Recipient:

Self

Description of Source:

Salary/Wages

Name of Employer or Other Source:

Covidien

Recipient:

Spouse

Description of Source:

Salary/Wages

Name of Employer or Other Source:

State of Connecticut

Recipient:

Self

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:

Fidelity Growth Company

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:

Alliance/Bern International Style

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:

Columbia Acorn USA Z

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:
Covidien Stock Fund
Owner or beneficiary if held by another:
Spouse
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:
Spartan US Equity Independent Advantage
Owner or beneficiary if held by another:
Spouse
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:
AIM Global Aggressive Growth Fund Class A
Owner or beneficiary if held by another:
Joint
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:
First Eagle Global Fund Class A
Owner or beneficiary if held by another:
Joint
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name :
Scholars Choice Age Base Age 7-9 Class A
Owner or beneficiary if held by another:
Dependent Residing in Household
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

LEASES

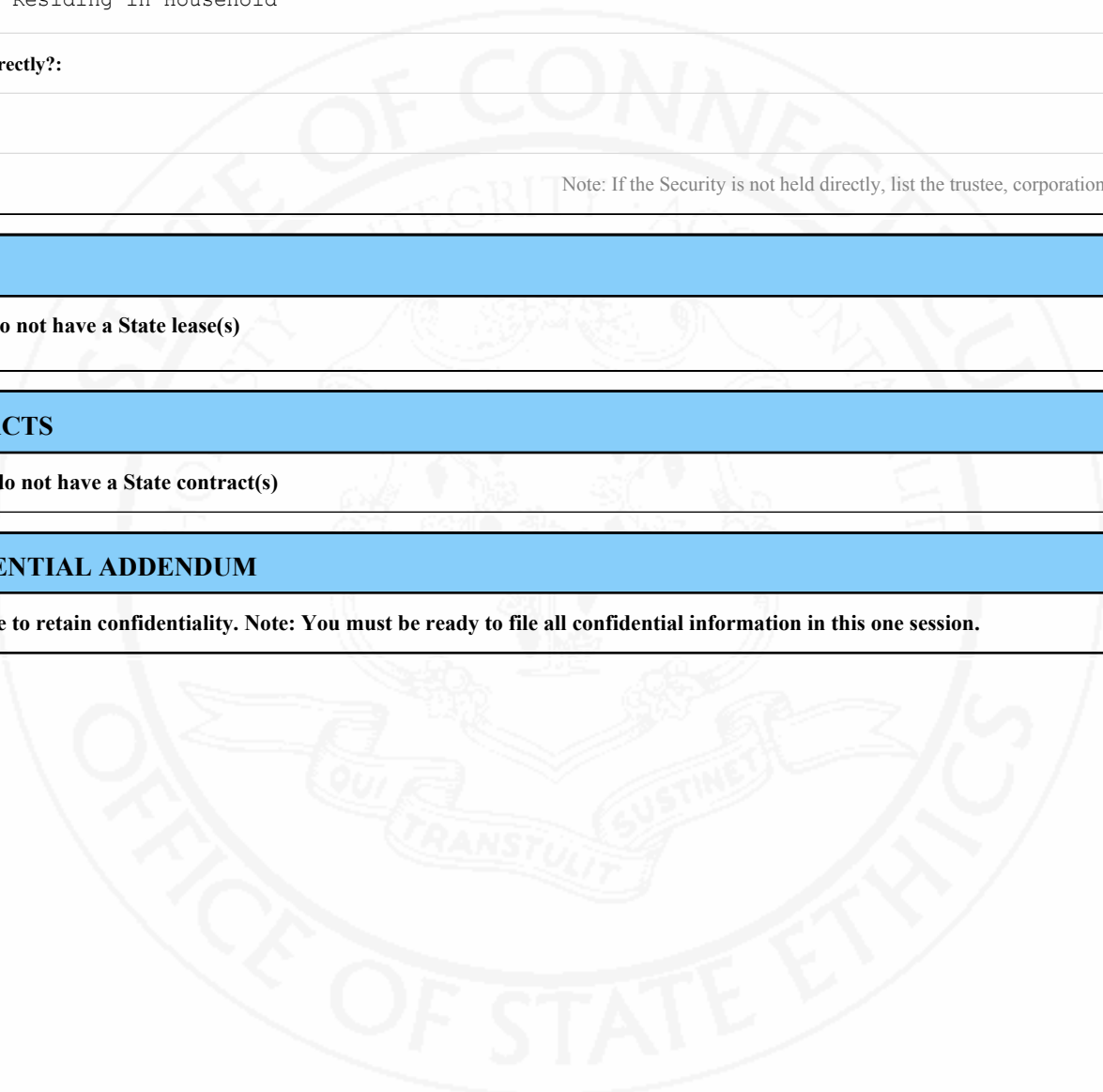
If you do not have a State lease(s)

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 2009

I have read and agree to all above certifications.

Name:	Deborah W Heinrich
Filed Date and Time:	04/26/2010 8:49 PM