

JAN 17 2012

Maine Ethics Commission

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

Please file this statement with the <u>Clerk of the House</u> or <u>Secretary of the Senate</u> 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.

	LEGIOL	ATOR INFORMATION		
Name	· 1		Office:	
Bernard L.A. Ayotte Mailing address 1469 Van Buren Rd			☐ House ☐ Senate	
			District	
1469 Van Bure	n Ke		.3	
City, zip code			Phone	
City, zip code Caswell, Ma	1100	04750	325-4905	
2000, 790	cen <u></u>			
PART 1. INCO	ME DERIVI	ED FROM EMPLOYMENT BY ANG	OTHER	
List the name and address of each private or pu whom you received compensation of \$1,000 or m	iblic employe iore. Specify	er, including the Legislature and any a y the principal type of economic activity	gency or subdivision of the State, from of each employer.	
☐ None	more locardall of to LEA for the Post Of the Antique Belleville State St	AAAAAAAAIIII II II II II II II II II II	AND COMMENT AND THE CORPORATE OF CORPORATION OF THE COMMENT AND THE COMMENT AN	
Name of Employer	undere grane de fait et de la Part II de La Part II de la Part II d	Address LULLINGUAGE CONTROL C	Principal Type of Economic Activity of Employer	
Maine State House of Rep.	2 St	afelfouse Station	Covernment	
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PART 2. INCOME DE	RIVED FR	OM SELF-EMPLOYMENT OR LAV	N PRACTICE	
A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity.	or law firm, it , firm, profes	f any, and list the major areas of econd sional association, or similar business	omic activity or practice from which you entity, list the major areas of economic	
P None	AND AND THE STREET	raccumstantententation (i.e. delaka) variabilitation kään kään kään kään kään kään kään kä	we can express the description of the contract of the contra	
Name and Address of Business Entity or Law Firm		Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)	
Name:				
Address:				
Name:	o (14 Artinovilla kilimina) (14 artinovilla 20-artinovilla 4 4 artinovil	NOTIFICATION CONTINUES AND	NORMANIA ETIMPEN MANAMANIA KARI KARI KARI KARI KARI KARI KARI KA	
Address:				
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PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY	(MENT
B. List each source of income derived from self-employment or law practice that represents more \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or princome. If this form of disclosure is prohibited by law, rule, or an established code of professional eth economic activity of the entity or person from whom the income was derived.	erson from whom you derived such
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:	
Name: Address:	
PART 3. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this form. Do not include gifts box.	or honoraria. If none, check the
None	નવામાં ૧૯૧૧માં સાથે અલાઇ ૧૯૧૧માં ભાગવા છે. જે તે છે. જોઇ ૧૯૧૧માં અને અલાઇ ૧૯૧૧માં અને ૧૯૧૧માં અને ૧૯૧૧માં અને ૧૯૧૧માં ૧૯૧૧માં ૧૯૧૧મા
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	again no termina de procurse a constante de la constante de l
Address:	
Name: Address:	
	genanteermininaan andersteelde van de state de s
Name: Address:	
PART 4. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liabilities, educational loans, loans for regulated financial institutions. If none, check the box.	reporting period, and list the major om a relative, or business loans from
None	MONEY CONTRACTOR OF THE STATE O
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	9-44 4 (00) (VIIIII) 4 (VIII (00) (VIII III (00) (00) (00) (00) (00) (00) (0
Address:	
PART 5. GIFTS, INCLUDING TRAVEL AND ACCOMMODATION	DNS
List the specific source of gifts received during the reporting period with an aggregate value of more than	
None	
Name of Source of Gift Name of S	Source of Gift Control to be considered to the control to the con
1.	

4.

2.

List the source of any honoraria accepted for appearances	s or speeches. If none, check the box.	
None		### PART OF THE PA
Name of Source of Honoraria	Name of Si	ource of Honoraria
1.	3.	
2.		HINTEELEN MITTEELEN OF ELECTROL AND
PART 7. REPRESE	ENTATION BEFORE STATE AGENCIE	:
List each executive branch agency before which you repribox.	resented or assisted others for compensation	on of any amount. If none, check the
None		
Name of Agency	Nam	in e of Agency we are interested to the control of
1.	3.	
2.		ng Cengan Antonochi Andre (Epin Astronomi Sanni Sa
PART 8. BU List each executive branch agency to which you or a me \$1,000 during the reporting period. Indicate whether you		
면 None		kandakan kenangan pengangan pengangan pengangan pengangan pengangan pengangan pengangan pengangan pengangan pe
Name of Agency		e of Agency
1.	3.	
2.	4.	
PART 9. INCOME RECE List the type of economic activity representing each sour dependent child(ren) during the reporting period and the l of \$1,000 or more, list his or her name and job title. List o not include gifts.	kind of income represented. If your spouse	y your spouse or domestic partner or or domestic partner received income
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income
	4	1
Name: None	1 2	1 2
Job Title:	3.	3.
Dependent Child(ren) - Job Titles Only		
lob Title:		
Job Title:		
Job Title:		

	Organization/Business and Address	serbockettory/titellerabikkatiphetertortortortortortortortortortorbocketorb	Title	Position Held By:	Family Member's Name	Compensated?
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he intentional fili	ng of a false stateme	nt is a Class E cr	rime. If the Commi	ssion concludes t	hat it appears that	
/illfully filed a fais	e statement, it shall r	efer its findings o	of fact to the Attorn	ey General. (1 ivi	.R.S.A. § 1019)	
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Terno	ud I A h	Fratt			m. 4th.	12
s	Signature			8	Date	- -
		ADDITI	IONAL INFORMAT	ion .		
Please provide ar	ny additional informat	lion below (and c	on additional sheets	s if needed). Indi	cate the part or se	ction number for
the information yo	ou are providing. Use	additional page	s, if necessary.			
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PART 10. OFFICER OR DIRECTOR POSITIONS

List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family member held the position and whether the position was compensated. If a family member is listed, indicate your relationship and the name of the family member.

None