



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.

	LEGISI	ATOR INFORMATION	
Name Ditail Rockett T			Office:
Mailian adduse			☐ House ☐ Senate
Mailing address			District
191 Josh Street			$\mathcal{L}_{\mathbf{u}} \in \mathcal{O}_{\mathbb{R}^{n}}$
City, zip code	26		Phone
Name Phip Datlett II Mailing address 19/ John Meet City, zip code Oysham 04038			839-7827
PART 1. INCOM	/IE DERIV	ED FROM EMPLOYMENT BY AND	THER
List the name and address of each private or put whom you received compensation of \$1,000 or mo			
None			
Name of Employer	afragionem seguini a dipuna a consuma / massam il m	Address	Principal Type of Economic Activity of Employer
Scaccie, Lettousti, Aronson + Battett	p.o. Sant	Cox 925 WE ME UY 073 sections of sections and sections are sections as a section of section and sections are sections as a section and sections are sections as a section of section of sections are sections as a section of section are section as a section are sections as a section of section are sections as a section of section are section as a section are sections as a section are section as a s	Legal James
		because we are an expression of the control of th	
PART 2. INCOME DEF	RIVED FR	OM SELF-EMPLOYMENT OR LAW	/ PRACTICE
A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity.			
None	TEARTHUR DE CAMBONET ANNOYEE OF MINISTER EACH PARTIES	જારાતના સામાં આવ્યા અન્યત્વના સામાં સામાના કરવાના કરવાના સામાં સામાં, અને તરે કૃષ્ય નોક્ષ્ય કરવાના વધા કૃષ્ય ક ત્રામાં આવ્યા અન્યત્વના સામાના સામાના કૃષ્ય સામાના સામાના સામાના સામાના સામાના સામાના સામાના સામાના સામાના સામ	CONTROLOGY CONTROLOGY AND CONTROLOGY CONTROLOGY CONTROLOGY CONTROLOGY CANDER OF A CONTROLOG
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: Philip L. Satutt II Address: 141 Juth It, buton, ME 04058		rolles' competation percel injury civil light	
Name: Scalie, Whati, Arayon & Bartett		A	works competition, peraling
Address: A. b. Box 921 Santol, NE		sand I	fearly law crimed law!
			gario le

PART 2 (continued). INCOMI	E DERIVED FROM SELF-EMPLOY	/MENT
B. List each source of income derived from self-employment \$1,000, whichever is greater, and specify the principal type of income. If this form of disclosure is prohibited by law, rule, or a economic activity of the entity or person from whom the income	of economic activity of the entity or p an established code of professional eth	erson from whom you derived such
Name and Address of Source	ce : : : : : : : : : : : : : : : : : : :	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name;	дости в под выдожно в под принципа на п Пото принципа на пр	
Address:		
Name:	ССССССССССССССССССССССССССССССССССССС	о факторым на настания на почение на настой на предержавает на настания на настания на настания на предержавает на настания на
Address:		
PART 3, OTHE	R SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts box.	1 or 2 of this form. Do not include gifts	or honoraria. If none, check the
None	TIBIOS NO - PLANTO DE SONO POR PORTO DE SONO SE SONO S	Marie dia mandra dia m
Name and Address of Source	ce	Kind of Income (investments, leases, etc.)
Name:	POWER-PROPERTY (PROPERTY AND CONTROL OF THE AND CON	THE CONTRACT OF THE ACTION OF THE CONTRACT OF
Address:		N. Salaharangeroppe
Name:	n visiti vanamata kanan kanan kanan kanan kanan kanan kanan kahain kanan kahain kanan kanan kanan kanan kanan k	The state of the s
Address:		out of the state o
Name:		
Address:		
PART 4. REP	ORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 areas of economic activity of each creditor. Do not list credit car regulated financial institutions. If none, check the box.	or more that you received during the rd liabilities, educational loans, loans from	reporting period, and list the major om a relative, or business loans from
None	HTTPRANTER TO HER THE BOTTON SELECTE AT THE BOTTON SELECTED AND AN ARRIVANT AND AN ARRIVANT AND ARRIVANT AND A	tional and the Australia of the Control of the Cont
Name and Address of Credit	Principal Type of Economic Activity of Creditor	
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Address:		
Name:	T year for the section of the form and a form and active political arrange to the colorest all the section of t	
Address:		
PART 5. GIFTS, INCLUDING	TRAVEL AND ACCOMMODATION	ONS
List the specific source of gifts received during the reporting period	od with an aggregate value of more tha	n \$300. If none, check the box.
None	Gardel Marian (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994)	мет т чтом и по повосточным повать в поватического привамене и выполнения мененального то чен ва доставлений
Name of Source of Gift	The comment of the co	Source of Gift
1,	3.	STAN STAN STATES SAN STAN STAN STAN STAN STAN STAN STAN
2.	4.	

P/	ART 6. HONORARIA			
List the source of any honoraria accepted for appearances	or speeches. If none, check the	he box.		
None	mmen resonne segue et til 1944 progning til 1944 til 1944 til 1945 til 1944 til 1944 til 1944 til 1944 til 194		Investigation (Manager	
Name of Source of Honoraria		Name of Source of Honoraria	North Charge	
1.	3.			
2.	4.		AMERICAN	
	NTATION BEFORE STATE			
List each executive branch agency before which you repre box.	sented or assisted others for	compensation of any amount. If none, check	the	
None	обот в 1975 г. — Потом провод 20 ггу в в 1964 г. С. С. Сто в 20 г. п. п. и на межен мерона на перена предоставления для на наслу и провод в регистивного в 1974 г. п. п. и при провод в 1974 г. п. и при при провод в 1974 г. п. и при провод в 1974 г. п. и при при при при при при при при при п		www.www.	
Name of Agency	ENDER GER WEIGE VER EINE VERS Auf EST WEIGE VER EIN V	Name of Agency	-varan-run-	
1. Wolles Compession Road	3.			
2.	4.	4.		
	NESS WITH STATE AGEN			
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or	ber of your immediate family a family member sold the goo	r sold goods or services with a value in excess ods or services. If none, check the box.	of	
None	defined A small distribution of the state		***************************************	
Name of Agency		Name of Agency	Npgps89255	
1.	3.	ПВИМАНИЯ ЛЬВОВ ЦИМИТЕТ ОТОГОТИТЕТ В ВЕТЕГИЕНТИ В ВЕТЕГИЕНТ	VIGINISHES	
2.	4.	4.		
PART 9. INCOME RECEIV	ED BY MEMBERS OF IMI	MAEDIATE EAMILY		
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kir of \$1,000 or more, list his or her name and job title. List only not include gifts.	of income of \$1,000 or more nd of income represented. If y y the job title of dependent chil	e received by your spouse or domestic partner your spouse or domestic partner received inco ildren who received income of \$1000 or more.	me	
Name of Spouse or Domestic Partner and Job Title	Type of Economic A Representing Source of Received		INVESTIGATION OF THE PARTY OF T	
Name:	1.			
Job Title:	2. 3.	2 3	_	
			_	
Dependent Child(ren) - Job Titles Only			111110-12-20-20-	
Job Title:				
Job Title:				
Job Title:				

List any for-profit or nonprofit held any office, trusteeship, of the position was compensate	directorship, or position of	f any nature. Indicate wheth	her you or a family i	member held the pos	sition and whether
None	THE ANTENBERGE IS COMPARED AND THE PROPERTY OF	ALDED DE DE PROSES SE	an monenteeren nederlich bewert zeren der verwert zu er verwert zu der verwert zu der verwert zu der verwert z	ATTEMPORT THROUGH THROUGH AND THROUGH	MARINET HAVE THE PROOF STEEDS STEED HAVE AND ASSESSMENT ASSESSMENT AND ASSESSMENT ASS
Organizati	on/Business Address	Sides d'Arcons de Course d'Estappe d'air haid de la managant de course de la colonne en comme en crec'h responsant leve a disc Title univente ret d'ar de la comme de la trig d'archive d'archive de la comme en a de la colonne en de la colonne d'archive de la comme de la colonne en de la trig d'archive d'archive d'archive d'archive de la colonne d'archive d'archive de la colonne d'archive d'ar	Position Held By:	Family Member's Name	Compensated?
First Parish Chur Church St. Gostom, ME Oyo	e de la companya del companya de la companya de la companya del companya de la companya del la companya de la c	Modustos	Me		
		SIGNATURE			
Signature				Date	
	Table 4-12-1-1-18 by walling mat 15 houter held dispersion in which a dispersion of 10 houters for the medical Addition of 15 houters f	ADDITIONAL INFORMAT			
Please provide any addition the information you are pro-			s if needed). Indi	icate the part or se	ection number for
Part/Section Number					
	ALIGNACIO POR SANIO PROGRAMA CONTRA C			of the state of th	45000000 annual and annual

PART 10. OFFICER OR DIRECTOR POSITIONS