

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

Office: 45 Memorial Circle, Augusta, Maine

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JAN 17 2012

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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.

	LEGISL	ATOR INFORMATION	
Name, MICHAEL G B. Mailing address 27 Sherman	Office: ☐ Senate District 6 8		
City, zip code	Phone		
Auburn MAINE 04210			2077840036
PART 1. INCOM	ME DERIV	ED FROM EMPLOYMENT BY AND	OTHER
List the name and address of each private or pul whom you received compensation of \$1,000 or m			
☐ None			
Name of Employer	a kataan Nii Nii Oo aa	Address	Principal Type of Economic Activity of Employer
School Dept. City of Lewiston	OAK.	IT, LewisTON, MAINE	Adult Edwe Atlan Supervisor
PART 2. INCOME DEI	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. 			
X None			
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:			2
Address:			

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOY	MENT
B. List each source of income derived from self-employment or \$1,000, whichever is greater, and specify the principal type of ecincome. If this form of disclosure is prohibited by law, rule, or an economic activity of the entity or person from whom the income was	onomic activity of the entity or pe stablished code of professional eth	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:		To a commence of the commence
Address:		
Name:	TENNEN KOTOLO I PERIO POTESSINO (MENERALIZATION PERIODEN PARA BANDARIA DEL MARIA BANDARIA DEL MARIA DEL MARIA B	Gual and the control of the desired the control of
Address:		
PART 3. OTHER S	OURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 or box.	2 of this form. Do not include gifts	or honoraria. If none, check the
None	emma ana saja ga fan anakanda kalakilan akalakila makana kalakila 1800 (1804) AT Dili Mira da 1800 (1804) AT DILI MIRA DIL	reget een til 10 maart 12 maart 12 maart 12 maart 17 maart 12 maart 12 maart 12 maart 12 maart 12 maart 12 maa Til 12 maart 12 maar
Name and Address of Source	ng mang kathan mining tahun Sandisiasi katha di dahari ping mentakan di dahari dahari Sandisiasi Sandisiasi Sa	Kind of Income (investments, leases, etc.)
Name:	naurus es sa sa renimbelo indicario e silectro de mandel de denet a utination del dicare (A. diciliare une diciliat del diciliare Policia de 100 el 1	датаранда (олонун) до до точно и учучкодот учинуну, до конгуд медания надамилентиков и и чино чем и являет оби
Address:		
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Address:		
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Address:		
PART 4. REPORT	TABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or rareas of economic activity of each creditor. Do not list credit card lia regulated financial institutions. If none, check the box.		
None	unrest varienne processe varient trinste eithe vallet til tantet et tilbiopresident for den til så under socia	SUA ANT SUA AN
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	SEES STATE OF THE	wisen proprietur and a statistica (1) a fill and 10 classica (1) about 10 a
Address:	**	
Name:		ng yang kepada andara di kanada da kanada kanada da kanada da kanada da kanada da kanada da kanada da kanada d
Address:		
PART 5. GIFTS, INCLUDING T	RAVEL AND ACCOMMODATION	DNS
List the specific source of gifts received during the reporting period w	ith an aggregate value of more that	n \$300. If none, check the box.
None		CONTRACTOR
Name of Source of Gift	Name of S	Source of Gift
1.	3.	
to reconstruction and the construction and the cons	4.	

PA	RT 6. HONORARIA			
List the source of any honoraria accepted for appearances of	or speeches. If none, check the box.			
X None		AAS SANTINISTATIINISTATI ONANYSKEEN YKSI AANOON AN ANOON AN ANOON AN		
Name of Source of Honoraria	Name of	Source of Honoraria		
1.	3.			
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2.	4 .			
PART 7. REPRESEN	NTATION BEFORE STATE AGENC	les di		
List each executive branch agency before which you repre box.				
☑ None	and the second s	edasada eda eda (il-19-19) (il-19-19) (il-19-19) (il-19-19-19) (il-19-19-19-19) (il-19-19-19) (il-19-19-19-19) (il-19-19-19-19-19) (il-19-19-19-19-19-19-19-19-19-19-19-19-19-		
Name of Agency	Ne	ame of Agency		
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4 -	***			
	NESS WITH STATE AGENCIES			
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 sold good a family member sold the goods or serv	ds or services with a value in excess of		
None		ekanan manake (Taran) situan paka-panan penguapan kenan menerekenan karan menerekan banas (Taran) manan manan		
Name of Agency	ONE CONTRACTOR CONTRAC	nme of Agency		
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2.	93 4.	4 .		
	- 100			
PART 9. INCOME RECEIV	ED BY MEMBERS OF IMMEDIATE	FAMILY		
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.	nd of income represented. If your spou	se 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		
	1	4		
Name: WTM	1 2			
Job Title:	3.	i i		
Dependent Child(ren) - Job Titles Only				
Job Title:				
Job Title:				
.loh Title:				

ACT LINE OF THE STANDARD AND ADDRESS OF THE STANDARD AND A	None						
AND THE OWNER OF THE STATE OF T				TOTATE BERNENNA MINISTERIO EL CONTROL DE MONTO DE SERVICIO POR COMPANION DE LA CONTROL DE CONTROL D			
A Legislator wh	no willfully fails to file a required st	SIGNATURE atement is subject to a fi	ine of up to \$100 (1 M.F	2 S A & 1017-A)			
The intentional	filing of a false statement is a Cla false statement, it shall refer its fin	iss E crime. If the Comn	nission concludes that it a	appears that a Legislator has a. § 1019)			
ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Use additional pages, if necessary.							
Part/Section Number							

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.

Title

Position Held

By:

Family Member's

Name

Compensated?

None None

Organization/Business

and Address