

JAN 17 2012
Maino Entires Commission

GOMMISSION 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.

	LEGISLATOR INFORMATION		
Name Henn Beck Mailing address Box 17 City, zip code Water ville 04	Office: Di House		
PART 1. INCOM	E DERIVED FROM EMPLOYMENT BY AN	IOTHER	
List the name and address of each private or pub whom you received compensation of \$1,000 or mo			
☐ None		terren de la companya	
Name of Employer	Address	Principal Type of Economic Activity of Employer	
State of Maine	2 State House Statem, Agrega, MC	Legislator	
	34 Maynel Way, Parflor	Customer Sem Le	
PART 2. INCOME DER	IVED FROM SELF-EMPLOYMENT OR LA	W PRACTICE	
A. List the name and address of your business or derived income. If associated with a partnership, factivity or practice of that entity.			
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:	чиния на полько на него на него в 1865 год на 1865 год 1865 год 1865 год 1865 год на него до 1865 год	reverselegamisesse universelection interviewent de voe misse is sevent verstele verstele verstele verstele vers	
Address:			

	PART 2 (continued). INCOME DERIVED FROM	SELF-EMPLOYMENT
\$1,000, whichever is income. If this form of	of income derived from self-employment or law practice that greater, and specify the principal type of economic activity of disclosure is prohibited by law, rule, or an established code of the entity or person from whom the income was derived.	represents more than 10% of your gross income or f the entity or person 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:	$\sim 10^{-1}$	· ·
Name:	10 HOUSE CONTROL (1997) 10 HOUSE CONTROL (and the state of t
Address:	*	
	PART 3. OTHER SOURCES OF IN	COME
List each source of in box.	come of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this form. Do	o not include gifts or honoraria. If none, check the
☐ None		
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Name:		
Address:	n/a	
Name:		14 - House Have the Billion of the Service Billion of the Service Billion of the Service Billion of the Billion
Address:		
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Address:		
	PART 4. REPORTABLE LIABILI	TIES
areas of economic act	editors for any <u>unsecured</u> loans of \$3,000 or more that you rectivity of each creditor. Do not list credit card liabilities, education distinctions. If none, check the box.	
None	**************************************	
TEXT NET TO POPE TO THE TO THE TOTAL STATE AND A STATE	Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:		
Address:	n/a	
Name:		
Address:		
	PART 5. GIFTS, INCLUDING TRAVEL AND AC	COMMODATIONS
List the specific source	e of gifts received during the reporting period with an aggregate v	value of more than \$300. If none, check the box.
□ None	m	
	Name of Source of Gift	Name of Source of Gift
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2.	4.	

PAF	RT 6. H	IONORARIA	
List the source of any honoraria accepted for appearances or		the state of the s	**
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Name of Source of Honoraria		Name of Sc	ource of Honoraria
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2.		4.	
PART 7. REPRESEN	10ITAT	N BEFORE STATE AGENCIE	s (Allender)
List each executive branch agency before which you represe	ented or	•	n of any amount. If none, check the
box.		pore	
None	the extraction of the state of	open commercial and management and an experience of the second and	
Name of Agency	//www.croverzewyczerzer.	Name	e of Agency
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2.		4.	
PART 8. BUSIN	IESS W	/ITH STATE AGENCIES	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. Indicate whether you or a	er of your	ur immediate family sold goods on the sold the goods or service	or services with a value in excess of s. If none, check the box.
None		STATE THE STATE THE STATE AND A STATE A	NEWS CONTROL OF THE C
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mark 94000000000000000000000000000000000000			
2.		4.	
PART 9. INCOME RECEIVE	D BY N	MEMBERS OF IMMEDIATE FA	AMILY
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind of \$1,000 or more, list his or her name and job title. List only not include gifts.	of incom d of incor the job t	e of \$1,000 or more received by me represented. If your spouse of itle of dependent children who rec	your spouse or domestic partner or or domestic partner received income
Name of Spouse or Domestic Partner and Job Title	Re	Type of Economic Activity presenting Source of Income Received	Kind of Income
	1/2	_	4
Name:	//· — 2.		1 2
Job Title:	3	Totaldote •	3
Dependent Child(ren) - Job Titles Only	www.webeldinessource		
Job Title:			State of the Control
Job Title:	See An Associated Associative Security Commence	man and an analysis of the Collision and Col	Where year property and the second sec
Job Title:	ARMONIPHONIPHIN PRESIDENCE	(MANTHER PERSONAL AND	\$48884 04884 8584 8584 8584 8584 8584 858

- minderfundet State (A Charles Colored State (State (Stat	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
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willfully filed a fa	alse statement, it shall refer its findings of	of fact to the Attorne	ey General. (1 M.	R.S.A. § 1019)	a Logiolator Had
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	Signature			Date	
	ADDITI	IONAL INFORMAT	ION		
	any additional information below (and c you are providing. Use additional page		if needed). Indi	cate the part or se	ection number for
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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