



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 SHA Rama			Office:					
Name Seth Bern Mailing address 1245 River Rd.		PAPORITE						
1245 River Rd.		**************************************	H.D. 67					
City, zip code Bowsbinhan ME	Phone (207) 572 - 1609							
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER								
List the name and address of each private or pu whom you received compensation of \$1,000 or m	iblic employe nore. Specif	er, including the Legislature and any ag y the principal type of economic activity	ency or subdivision of the State, from of each employer.					
☐ None	***/**********************************	ONALON MONTH ANALON A PARAMENTA A ANALON AN	OPPAMINENT PROTOSTI STOSTI ALI SEGALI I SEGALI I SEGALI SE					
Name of Employer	Address		Principal Type of Economic Activity of Employer					
State of Maine	2 State House Stn. 04333		legislature					
Kennebec River Biosciences	41 Mai	in St, Richard ME 04357	aquatic animal beath					
Mengueeting form	U Diro	were Goos Rd. Boudbirbon	. MODS agriculture					
		OM SELF-EMPLOYMENT OR LAW						
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, if firm, profes	fany, and list the major areas of econor sional association, or similar business e	nic activity or practice from which you ntity, list the major areas of economic					
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:	The second secon	The state of the s	ng kuluman manun di PPP di di Bali di Bali di Sakat PP (KOS) (SA) di didi di d					
Address:								
Name:	THE PROPERTY OF THE PROPERTY O	то на при на пр						
Address:								

PART 2 (continued). INCO	ME DERIVED FROM SE	LF-EMPLOYMENT
B. List each source of income derived from self-employn \$1,000, whichever is greater, and specify the principal typincome. If this form of disclosure is prohibited by law, rule, economic activity of the entity or person from whom the inco	e of economic activity of the or an established code of pr	he entity or person from whom you derived such
Name and Address of S	purce	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		
Address:		
мате:		
Address:		
PART 3. OT	HER SOURCES OF INCO	OME
List each source of income of \$1,000 or more <u>not listed</u> in Pabox.	arts 1 or 2 of this form. Do no	ot include gifts or honoraria. If none, check the
None	FARTERINANNAN AND SANDER FOR THE PROPERTY OF T	
Name and Address of So	ource	Kind of Income (investments, leases, etc.)
Name:		THE PROPERTY OF THE PROPERTY O
Address:		
Name:		
Address:		
Name;	он мененову и су със и по тичносточно в състоянно в постоянно в постоянно в постоянно в постоянно в постоянно в	
Address:		modil de anne anne en
PART 4. R	EPORTABLE LIABILITIE	<b>ES</b>
List the names of creditors for any <u>unsecured</u> loans of \$3, areas of economic activity of each creditor. Do not list credit regulated financial institutions. If none, check the box.		
None	egy fra tradition for the state of the state	
Name and Address of Cr	editor	Principal Type of Economic Activity of Creditor
Name:	KEST PETERSTÄNDE TORKING NASKE SKIERKEN KONSTÄNDIGEN IN VON HELDE KONSTÄNDE VON FÖRLIGT I. I SIG UND GARACIANS AND	ga papanan fingen manaka bandan jigi in manaka bahan pananan mengapatan panan kentaran kentaran kentaran bandan kentaran bahan pananan panan pa
Address:		
мате:	e en menor de la companya di disposa de la companya de menor de la companya de la companya de la companya de l	
Address:		
PART 5. GIFTS, INCLUD	ING TRAVEL AND ACC	OMMODATIONS
List the specific source of gifts received during the reporting p	period with an aggregate valu	ue of more than \$300. If none, check the box.
None		
Name of Source of Gift		Name of Source of Gift
1.	3.	renantamentaman an trenantamente consideratamente atropos escretarios antecesarios de servicios de consideratamente de conside
2.	<b>4.</b>	

PAR	RT 6. HONORARIA	
List the source of any honoraria accepted for appearances or		
None		ORE INDEPENDENT AS AS INCLUDED RECORDED TO COMPANY AND PROPERTY OF THE COMPANY AND PRO
Name of Source of Honoraria	Bame of some supplies the some supplies are some of the some supplies and the supplies are some some supplies are some some supplies are some some supplies are some supplies	ea an earne ea Source of Honoraria 
1. Unity College, lapping Lecture Series	3.	
2.	4.	
	TATION BEFORE STATE AGENCIE	······································
List each executive branch agency before which you represe box.	ented or assisted others for compensati	on of any amount. If none, check the
☑ None		relative to the state of the st
Name of Agency	Note and the control of the control	nee of Agency
1.	3.	
2.	мышка кан мененинин барара кан машка каран кан машка кан тексер тексер кан кан машка кан тексер кан кан машка к 4.	минического стигно мешким на именен заточного что на почен на нечено на почен на почен на почен на почен на по В почен на поч
PART 8. BUSIN	ESS WITH STATE AGENCIES	
List each executive branch agency to which you or a member \$1,000 during the reporting period. Indicate whether you or a		
None	KATTETTI TITUDA YETTI TAYATTI TATUKAT PETERATU KATAA JIDAH JIBA AN ABBIR MANAKANI WEBI BIR BIR BIR BIR BIR BIR BIR BIR BIR B	
Name of Agency		ne of Agency
1.	3.	
2.	4.	
	D BY MEMBERS OF IMMEDIATE I	Englished Control of the Control of
List the type of economic activity representing each source o 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 t not include gifts.	of income represented. If your spouse the job title of dependent children who re	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
Name:	1	1
Job Title:	3.	2
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		versitämisestätäätäätäätäätäätäätäätää kautuun kunna kun Japan japanja japan japanja japanja kunna ku
loh Title:		•

☐ None	$y_{TASSESSI MCCCCNNCSSI MANNOCCNNCSSI MANNOCCNNCSSI MCCNNCSSI MC$	ndicate your relation	silip and the name		
INOUS	DATE TO THE MAN THE LANGE TO THE STATE OF TH	Di politiken portuitti dinehtiinidda eenken neelioonike en en oli oonikii ee en enteratii ee en ette en en en e	onegation of autition (All Derivative Arthropology with a let the content and attack to the content of the cont	entigen et schenkhowe e panem er vinn schenk op en schenkwel (minningen Ned panem et schenkhol (minning) with schenkhol (minning).	IECONOMISMA MARRICO A CHISTO DA A MARRICO DA CHESSA DA LA COMPANA DA CANTO CANTO CANTO CANTO CANTO CANTO CANTO
	Organization/Business and Address,	Title	Position Held By:	Family Member's Name	Compensated?
Advisory for Way of a 34 Wing A	weil Success by Six, United Nideoast ME am Parkway, Bath ME 04330 en's Growth Courcil	member	self		W
ME Children	en's Growth Council maineage.org		E Ì		1)
ACCESS www. 66 Boribea	Health Advisory Board accesshealthure . org y Dr. #7, Bruswick ME 04011		)		u
		SIGNATURE		Albert Schapel Sider	
	Signature (			Date	
Please provide	55 СССТВИТ СПРИТИТЕЛНИТИ ОТ ПОТИТЕЛНИТЕЛЬНИТЕЛЬНИКИ ПОТИТЕЛЬНИКИ ПОТИ	ONAL INFORMAT		cate the part or se	ction number fo
Please provide the information	ADDITION  any additional information below (and only you are providing. Use additional pages	n additional sheets	NASA CARABAN CASA BANGAN B	cate the part or se	ction number for
Please provide the information Part/Section Number	e any additional information below (and on you are providing. Use additional pages	n additional sheets s, if necessary.	s if needed). Indi		ction number for

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