

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 (1M.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 .			Office:	
Bruce Bickford		A Control of the Cont	斌 House	☐ Senate
Mailing address			District	
64 Cameron Lane			70	
City, zip code			Phone	
Auburn ME 04210		207-795-6844		
PART 1. INCOM	IE DERIVE	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	olic employe ore. Specify	r, including the Legislature and any age the principal type of economic activity	jency or subdivisi of each employer	on of the State, from
None	er a venemen a venete il dell'este distribuit dell'este dell'este dell'este dell'este dell'este dell'este dell'e	RINGLEPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP	THE CONTRACTOR OF A CAMBOOK IS THE CONTRACTOR OF	
Name of Employer	regul di zeron di Andrean e di Andrea e EST PANESPEZI PERSONA	Address		of Economic Activity Employer
Maine State House of Representati	373	Mainsti		nment
Friendlys	Water	ville Maine 04901	Restaurin	/4 1134
Wand Ward	MAX	MATAMIL MATAN	MINIMA	in the said of the
PART 2. INCOME DE	RIVED FRO	OM SELF-EMPLOYMENT OR LAV	V PRACTICE	
A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity.	r law firm, if firm, profes	any, and list the major areas of econo sional association, or similar business	mic activity or pre entity, list the maj	actice from which you or 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 simil business entity)	
Name: Address: Name: Address:				

PART 2 (continued). INCOME DI	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	conomic activity of the entity or pe stablished code of professional ethi	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: Glacial Energy Address: U.S. Virgin Islands		Commissions	
Address: U.S. Virgin Islands		Energy	
Name:			
Address:		·	
PART 3, OTHER S	OURCES OF INCOME		
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or box.	2 of this form. Do not include gifts	or honoraria. If none, check the	
☐ None	જ્યાં તે મહત્વાના ભાગમાં ભાગમાં માન્ય જ્યાં તે મહાલાના સામાં માં માને ભાગમાં માન્ય ભાગમાં માન્ય મહિલાના માન્ય ભ •	સારા ભાગમાં ભાગમાં ભાગમાં ભાગમાં ભાગમાં ભાગમાં ભાગમાં ભાગમાં આવેલા અને ભાગમાં ભાગમાં ભાગમાં ભાગમાં ભાગમાં ભાગમ	
Name and Address of Source	A GOIL A-MEN AND THE STATE OF THE MET AND THE STATE OF TH	Kind of Income (investments, leases, etc.)	
Name:	CONTROL CONTRO	$\label{eq:controlled} We discuss the controlled controlled controlled and the dashed discussion and the desired definition of the dashed discussion and the desired definition of the dashed discussion and the dashed definition of the dashed discussion and the dashed definition of the dashed def$	
Address:	PO JOHN MARKAN NA PARAMAN NA PARAMANAN NA PARAMAN NA PARAMAN NA PARAMAN NA PARAMAN NA PARAMAN NA PA		
Name:	r samen damen da transista de ser se	350m Blanch da 265 mil Samel Balandard Amel Baryang halipang menjagan dan pengadan da 250 KE da di Alba da babah da da da balancian menjagan da 250 KE da di Alba da babah da da da balancian menjagan da 250 KE da di Alba da babah da da da balancian menjagan da da da babah da da da babah da da da balancian menjagan da	
Address:	334/2/10-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-		
Name;	n transierin eine transierin er eine un setter in er eine eine eine transierin ein eine eine eine eine eine ein	abad di Bili daka birika birika birika daka bira daka daka daka daka daka daka daka da	
Address:	·		
PART 4. REPOR	TABLE LIABILITIES		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or r areas of economic activity of each creditor. Do not list credit card lia regulated financial institutions. If none, check the box.			
None	PRINCIPAL AND	084214455413528414445335586.com/cichiddhholossyrga benganyanishingaranjuh JAS845414555555555555555555555555555	
Name and Address of Creditor		Principal Type of Economic Activity of Creditor	
Name:	9.77		
Address:			
Name:	том не до моне не том не до-не не н	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	
Address:			
PART 5. GIFTS, INCLUDING TE	RAVEL AND ACCOMMODATIO	NS	
List the specific source of gifts received during the reporting period w	ith an aggregate value of more thar	s \$300. If none, check the box.	
None		TO THE RESIDENCE OF THE PROPERTY OF THE PROPER	
Name of Source of Gift 1.	Name of S	Source of Gift	
······································	$_{ m total}$	904300 metallili (1600) kun kun kun kun kun sili ingangen serun kun kun kendilikah di didili dalah kul kendilekan kun sili serun kendilikan ken	

PAI	RT 6. HONORARIA				
List the source of any honoraria accepted for appearances or	r speeches. If none, check the box.				
Name of Source of Honoraria	Name of Se	Source of Honoraria			
1.	3.				
	NAMANGANGANA MARKANTANA PANGGUNGANGANGANGANGANGANGANGANGANGANGANGANGAN				
2.	4.				
PART 7. REPRESEN	ITATION BEFORE STATE AGENCIE	<u> </u>			
List each executive branch agency before which you repress box.	ented or assisted others for compensation	on of any amount. If none, check the			
None		- Cities with the skinds on Cities to water decision was worded by free to account to beauth of the Cities to ACCOUNTY A			
Name of Agency	Salada anta'i kamana danda mami'ak Yamin Yasa madandi i falikika kalama adalah da isa yaminda a dilahasa ili Salahasa ili	ne of Agency			
1. Value from from the first of	3.	**************************************			
2.	4.	4.			
PART 8. BUSIN	NESS WITH STATE AGENCIES				
List each executive branch agency to which you or a memb \$1,000 during the reporting period. Indicate whether you or a	per of your immediate family sold goods a family member sold the goods or service	or services with a value in excess of es. If none, check the box.			
None	CI plate (and the Art Cities Art Cities Citi				
Name of Agency and the control of t	максиние не продел 1250 год на 1250 год н	on to annot to annot to annot to annot to an annotation of the property of the annotation of the anno			
1.	3.				
2.	4.				
	ED BY MEMBERS OF IMMEDIATE F				
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.	d of income represented. If your spouse	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: Marjorie Brckford	1. logistics	1. Employment			
Job Tille: Administrative manager	2. processing 3.	3.			
Dependent Child(ren) - Job Titles Only					
Job Title:					
Job Title:					
loh Title-					

		To the second of	OR POSITIONS	garganistic balts that being	
held any office, t	t or nonprofit corporation, firm, association, prosteeship, directorship, or position of any nation compensated. If a family member is listed,	ature. Indicate whetl	her you or a family r	member held the pos	sition and whether
None					
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
Comm	unity Little Theater	Director	Self		DN
Androsco of Com	oggin County Chamber merce	member	Self		NO
		SIGNATURE			
Buce	Signature Signature		<u> 1 </u>	//2012- Date	_
		IONAL INFORMAT	P-0-0002249-002200-00-00-00-00-00-00-00-00-00-00-00		
	any additional information below (and o you are providing. Use additional page		s if needed). Indi	cate the part or se	ection number for
			•		
Part/Section Number					