

RECLIA (1) FEB 1.7 2012

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)

Aplice Hellow Color acceloral

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			Office:
RUSSELL BAAC	K		₩ House ☐ Senate
Mailing address			District
123 BLACK	CRD		90
City, zip code	a mir	- 11 - 6 1 1	Phone
WILTON M	E (04284	207-645-2590
PART 1. INCOM	IE DERIVE	D FROM EMPLOYMENT BY AND	THER
List the name and address of each private or pub whom you received compensation of \$1,000 or mo	lic employe re. Specify	r, including the Legislature and any ag the principal type of economic activity	gency or subdivision of the State, from of each employer.
☐ None	NEEDELLA SANTANASI PARIANASI PARANASI P	remente de la marche della marc	arann ann par transform (17 metric 1900) 1904 (17 tre 1900) 1905 (18 tre 1900) 1905 (18 tre 1900) 1906 (18 t
Name of Employer	MERCET HOMESTAL CERTON (IN CERTON) (Polision) - A.B.	Address	Principal Type of Economic Activity of Employer
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REPRESENTIVES	25	TATE HOUSE STATION	GOVERNMENT
TOWN OF WILTON	158	WELD RD WILTON	GOVENDMENT
FARMINGTON FARMERS	244	(FROWTST FARMINGTON OF	RIETAIL
PART 2. INCOME DER		M SELF-EMPLOYMENT OR LAW	/ PRACTICE
A. List the name and address of your business or derived income. If associated with a partnership, for activity or practice of that entity.			
None	erite at the state of the state	and and the state of the state	HTMA-STEELESSALEELESSALEELESSALEELESSALEELEELEELEELEELEELEELEELEELEELEELEELEE
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:	7. V.		
Address:	1/4	11/4	
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Name:			
Address:			

	PART 2 (continued). INCOME	DERIVED FROM	M SELF-EMPLOY	MENT
\$1,000, whichever is income. If this form	e of income derived from self-employment of s greater, and specify the principal type of of disclosure is prohibited by law, rule, or an the entity or person from whom the income w	economic activity established code	y of the entity or pe	erson from whom you derived such
	Name and Address of Source	4	онни И выстан в на Танана в на Танана в на Сана в С на Сана в	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:	and the contract of the contra	NE	en august en	
Name: Address:	Свамодици-подолит-очентваного основного негроломодического на настройного оченовного оченовн		nutration of the section of the sect	The contractive and contractive and approximate of the contractive and approximate and approxi
	PART 3. OTHER	SOURCES OF	INCOME	
List each source of in	ncome of \$1,000 or more <u>not listed</u> in Parts 1	or 2 of this form.	Do not include gifts	or honoraria. If none, check the
None	umbalan Tahada samaliadi anda di kida ahada da gang anda gang ang ang ang ang ang ang ang ang a	ST (1989-99) / TISTOCH ST COMPANY	THE STATE OF THE PARTY OF THE STATE OF THE S	PROPERTIES AND THE
	Name and Address of Source			Kind of Income (investments, leases, etc.)
Name:	SSNIG KARANINANA A SERMININANA AND AND AND AND AND AND AND AND AND	Ell/others (1997) and to a second	STEET A ARREST (SUPPresented A District or N. S.	AND THE CONTRACT OF THE CONTRA
Address:	1111	16	1 To	
Name;	1111	vocation mean free southern section of the section	SAMMER A PRINCE TO A PTTTM AND TO THE SAME AND	A STATE OF THE PROPERTY OF T
Address:	/ 🗸 🐧		MARGINGOLOGIA	
Name;		SAM-MINERATURE PARTICIPAT PARTICIPATION COMMANDAMENTAL PARTICIPATION OF A PARTICIPATION O	tudas e secretaria de mente en entreta dos servicios en entreta en entreta de esta en entreta de esta en entre En entreta en esta en entreta en entreta en	Ballande State and Conference (Conference of Conference of Confere
Address:			er-egy(NANA) hall	
	PART 4. REPO	RTABLE LIABI	ILITIES	
areas of economic ac	editors for any <u>unsecured</u> loans of \$3,000 o ctivity of each creditor. Do not list credit card stitutions. If none, check the box.			
None	SAMONERANI (ISSUE AND	ANANORIS (ANANORIA) ANARORA (ANARORA (ANARORA (ANARORA ANARORA ANARORA (ANARORA ANARORA ANARORA ANARORA ANAROR	9699994444882211Vishelit A.K. et ettikkas 2288557745566975 een meeten on seesen een maas as maa	AND THE RESIDENCE SHEET PROJECT AND THE RESIDENCE AND THE RESIDENC
Name and Address of Creditor		Principal Type of Economic Activity of Creditor		
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Address:	$M \wedge M$	Compression of the second	TO CHAIR Z F THINK OF A LEE TOWN BOOK FLAT TO THINK BOOK BOOK BOOK BOOK BOOK BOOK BOOK BO	
Name:				
Address:			d d d d d d d d d d d d d d d d d d d	
	PART 5. GIFTS, INCLUDING	TRAVEL AND	ACCOMMODATIC	ONS
List the specific sourc	e of gifts received during the reporting period	l with an aggregat	te value of more than	n \$300. If none, check the box.
None É	EXCEPT STATE Name of Source of Gift	OF MI		Source of Gift
метория типус подамужай азаканований концанда камакания саны конческой 1.	Training of Ooding 5: Office Control of Cont	3.	ETALIDO O C	JOUIGO OI OIIC Petalenanekkakennäkkikitainikkiaakikikoakennatettakentetakentetakentatainikentakennikentakennekentakentakentakentakentakenta
2.		4.	**************************************	THE PROPERTY CONTROL OF THE PROPERTY OF THE PR

PAI	RT 6. HONORARIA	
List the source of any honoraria accepted for appearances of	r speeches. If none, check the box.	
None	DESCRIPTION OF THE PROPERTY OF	
Name of Source of Honoraria	Name of S	Source of Honoraria
1.	00^3 K	
2.	4.	
PART 7. REPRESEN	ITATION BEFORE STATE AGENCI	ES
List each executive branch agency before which you repres- box.	ented or assisted others for compensati	ion of any amount. If none, check the
□ None	ree feer feerwinning feromenous renneum nor voor managagaans soos een sassimmos renneum.	is a unanimonal order to a unimonal stabilist to prove the significant of the significa
Name of Agency	Nar 	me of Agency
1.	3.	
2.	4 .	
	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 family member sold the goods or service	or services with a value in excess of
☐ None	and the second sec	1810 Hand Committee of the Committee of
Name of Agency	Nan	ne of Agency
1.	W 3.	sicht/schlauktarunutativarunutarunutarunutarunutarunutarunutarunutarunutarunutarunutarunutarunutarunutarunutar
2.	4.	
DADT O INCOME DECEIVE	Control of the contro	
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	by your spouse or domestic partner or
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income
Name: SUSAW BLA-CI(Job Title: REGISTER OF DEEDS	1. <u>NEGISTED OF DEEDS</u> 2. 3.	S _{1.} \$32,300.26 2
FRANK UN COUNTY		<u> </u>
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title: WWW		
Job Title:		

	PART 10, OFFI	CER OR DIRECTOR	R POSITIONS		
held any office, tr	or nonprofit corporation, firm, association, pusteeship, directorship, or position of any nocompensated. If a family member is listed,	ature. Indicate whether	er you or a family n	nember held the p	position and whether
None					
end für die die der Verlande der den dem werde konstätende den der	Organization/Business and Address	Title	Position Held By:	Family Member' Name	S Compensated?
FARN	UNION FARMEN	DINECTOR	MYSKEF		\$125/MEREN
темпионального поставления в поставления в поставления в поставления в поставления в поставления в поставления			www.wasanananananananananananananananananana		austra (n. 1920). Santa de la compositio della compositio della compositio
ovat enga tagangholoon-dataum or oo o'm ontoo or o'm ontoo			nen menen er ett me		emmande emmande en
. 1. 8. 666, 606, 608, 6476, 6574		SIGNATURE			
Williamy filed a ra	Ise statement, it shall refer its findings of the statement of the stateme	or fact to the Attorne	y General. (Tivi	1 ,	2
	ADDIT	IONAL INFORMAT	ION		
	any additional information below (and o you are providing. Use additional page		if needed). Indi	cate the part or	section number for
Part/Section Number					
**************************************		ang agang menggupung-penggan 6.0 dan dibid habitat sebilah sebilah dan dalam dan dan dan dan dan dan dan dan d	ustratus autata kun anatzii Zinana zi zinana zi zinana kun estretti terrem eeri een eeri een eeri een eeri een	man, ya fizin polishim untukula kiloka kila kiloka	recursive and an extension of the entire state