

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

JAN 17 2012

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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

any questions about this form, your reporting	requirements, or	now to report specific situat	IOI15.	
	LEGISLATOR	RINFORMATION		
Name Anna Mailing address Aleenwaa	lodget LOX		Office: House [District]	☐ Senate
City, zip code (luqueta	04330	2	Phone 557-	-3960
PART 1. INCOM	ME DERIVED FR	OM EMPLOYMENT BY AN	OTHER	
List the name and address of each private or pul whom you received compensation of \$1,000 or me	olic employer, included in the property of the	iding the Legislature and any a incipal type of economic activity	agency or subdivision of each employer.	of the State, from
None	t i an regional processor de Commence est est est est est est est est est es	, то е т. м от типентуру (448) 155 (448) 155 (458) былы былы сыйдын м от те дөөсү түмдөн, 155 (458) 165 (458)	HEAVIPAKE III III III II II II II II II II II II	TEPPERBERPHEETEN HTERRENA (La José de Le José Aziola La Annonomenamen
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PART 2. INCOME DEF	RIVED FROM SE	ELF-EMPLOYMENT OR LA	W 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 any, a firm, professional a	nd list the major areas of econ- association, or similar business	omic activity or practice entity, list the major ar	e from which you reas of economic
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Address:	· ·			
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Address:				

PART 2 (continued). INCOME D	ERIVED FROM SELF-EMPLO	YMENT
B. List each source of income derived from self-employment or \$1,000, whichever is greater, and specify the principal type of eincome. If this form of disclosure is prohibited by law, rule, or an economic activity of the entity or person from whom the income wa	economic activity of the entity or p established 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
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Address:		
Name:	Tall Principles repaired in manney errors recovering and review in traver faure manufacturation of Application of Manufacturation of Application of Applicat	
Address:		
PART 3, OTHER 5	SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 or	or 2 of this form. Do not include gifts	or honoraria. If none, check the
box. ☐ None	stadionistrativa prima mandro de suderiar en en en en estado riscolaria mentral en estadionistrativas que en estado estado en estado en entre en estado en entre en estado en entre entre en entre en entre	a maga-mana-manatanaka ana amazama aza etermeta aza vanan azama-azama-ero na manzama enemmen-men
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PART 4. REPOR	RTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or areas of economic activity of each creditor. Do not list credit card li regulated financial institutions. If none, check the box.		
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Address:		
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Address:		
PART 5. GIFTS, INCLUDING T	RAVEL AND ACCOMMODATION	ons
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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