2011 Calendar Year



FEB 13 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)

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 D  |  |  | fice:  | Comoto   |  |  |  |
|---|--|--|--|--|--|--|--|
| Name Brian Bount  |  |  | House I  | □ Senate   |  |  |  |
| Mailing address SH RIVERS DE DE   | NP.  |  | 69   |  |  |  |  |
| City zip code 🔥 \   | •  | Ph   | one N  | 1100   |  |  |  |
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| DART A INCOME DEDIVED FROM FIND OVINENT DV ANOTHER  |  |  |  |  |  |  |  |
| PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER   |  |  |  |  |  |  |  |
| List the name and address of each private or public employer, including the Legislature and any agency or subdivision of the State, from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.   |  |  |  |  |  |  |  |
| None  | run halla del El El El El De del de Articles si Nobello II English (El Sologo 222-000-01) (Papello VI) emissa Ambrosov illus emissa emi | er val in Australia de La California Andreas (Colonia de California de C |  |  |  |  |  |
| Name of Employer  | Address  |  | Principal Type of Economic Activity of Employer  |  |  |  |  |
| Maure Legalatre   | Hunde  | Marine (   | Sourment   |  |  |  |  |
| SAD 15  | 14 Shalter R   | of Gray Mur  | ~ <i>r</i>   | /  |  |  |  |
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|   |  | į  | <u>.</u>   |  |  |  |  |
| PART 2. INCOME DERI   | VED FROM SELF-EMPLO  | OYMENT OR LAW PI   | RACTICE  |  |  |  |  |
| A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity. |  |  |  |  |  |  |  |
| None  | моменти и може в выгология в выясь вые в выдых до доли 176 до 200 ПРА менерий (400 Гд 1914 году 1914 году 1914<br>В применения в выполнения в выполнения в выполнения в применения в выполнения   | menterenenta e example dan erizata persenan erizaren erizariak yandaran yandaria (2005), dan bereketa erizaria   | r communication and is country to come the contention of the conte | THE PARTY AND TH |  |  |  |
| Name and Address of Business Entity or Law F  |  | Major Areas of Econom s of Economic Activity/ v Practice (self)  Major Areas of Econom Law Practice (partnership, association, fi business entity  |  | ractice<br>ation. firm or similar  |  |  |  |
| Name:   |  |  |  |  |  |  |  |
| Address:  |  |  |  |  |  |  |  |
| Name:   |  |  | A (HARRICETTETTETTETTETTETTETTETTETTETTETTETTETT   | MACHINE ANN MINERAL MINERAL VICTORIA POPULATION AND MACHINER AND ANN MINERAL MACHINERY AND ANN AND ANN MINERAL MACHINERY AND ANN AND ANN MINERAL MACHINERY AND ANN AND AND   |  |  |  |
| Address:  |  |  |  |  |  |  |  |
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| B. List each source of income derived from self-employment of \$1,000, whichever is greater, and specify the principal type of  | economic activity of the entity or pe  | than 10% of your gross income or erson from whom you derived such  |  |
|---|--|--|--|
| income. If this form of disclosure is prohibited by law, rule, or an economic activity of the entity or person from whom the income w   | established code of professional eth   | ics, specify only the principal type of  |  |
| Name and Address of Source  | - **   | Principal Type of Economic Activity of Entity or Person Who is the Source of the Income  |  |
| Name:   | re treed in in-het NA uneautoche kurma en european van voorweken een een van voormen van voormen van voormen v   | учен каташылан него дингин енги неголог неголо |  |
| Address:  |  |  |  |
|   | то на так тик в повежно на постоя на почения           |  |  |
| Address:  |  |  |  |
| PART 3. OTHER   | SOURCES OF INCOME  |  |  |
| List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 box.   | or 2 of this form. Do not include gifts  | or honoraria. If none, check the   |  |
| ☐ None  | vono sinoi edisirkolekon (magama, euro egrepo egrepo egrepo egrepo en egrepa eta esta (1863) en esta esta esta esta esta esta esta esta  | николентинен изменяться объедини замы и начинентельным нести поличания на назвать ин ченен общи  |  |
| Name and Address of Source  | - The state of the           | Kind of Income<br>(investments, leases, etc.)  |  |
| Name:   | од водом   | 2000   |  |
| Address:  |  |  |  |
| Name:   | от не под под не под  |  |  |
| Address:  |  |  |  |
| Name:   |  | and to extend the comment of the desire of the comment of the comm |  |
| Address:  |  |  |  |
| PART 4. REPO  | RTABLE LIABILITIES   |  |  |
| List the names of creditors for any <u>unsecured</u> loans of \$3,000 of areas of economic activity of each creditor. Do not list credit card regulated financial institutions. If none, check the box. | or more that you received during the liabilities, educational loans, loans fro   | reporting period, and list the major ma relative, or business loans from   |  |
| ☐ None  |  |  |  |
| Name and Address of Creditor  |  | Principal Type of Economic<br>Activity of Creditor   |  |
| Name:   | COLOR            | an a municipal de la reconsecue - consecue de mentre de la la la mana consecue de la companione de la companio   |  |
| Address:  | e de la companya de l           |  |  |
| Name:   | от се не   | торов досновател ман- инов-шейн церстве иноститура «ченення метор» до под деном не исторовательного достовательного досто  |  |
| Address:  |  |  |  |
| PART 5. GIFTS, INCLUDING  | TRAVEL AND ACCOMMODATION   | DNS  |  |
| List the specific source of gifts received during the reporting period  | with an aggregate value of more than   | n \$300. If none, check the box.   |  |
| None  | TO THE STATE STATE OF THE STATE           | innin alikanooliseksi oo oli dishaadiri oo aa kirika ka k   |  |
| Name of Source of Gift  | ensenses <sup>2</sup> generales comences comences comences en en en en artistat de décedit de la 2000 de la 2 | Source of Gift   |  |
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| 2.  | 4.   |  |  |

| PA  | ART 6. HONORARIA   |  |
|---|--|--|
| List the source of any honoraria accepted for appearances of  | A CONTRACTOR OF THE CONTRACTOR | 2000   |
| None  |  |  |
| Name of Source of Honoraria   | Name of So   | ource of Honoraria   |
| 1.  | <b>3.</b>  |  |
| 2.  | 4.   |  |
| PART 7. REPRESEN  | NTATION BEFORE STATE AGENCIES  | s Paragraphic  |
| List each executive branch agency before which you repression.  | sented or assisted others for compensation   | n of any amount. If none, check the  |
| None  |  | ######################################   |
| Name of Agency  | Name   | e of Agency  |
| 1.  | 3.   |  |
|   | чения на наменения на принципання на принципанна на принципання на принципання на принципання на принципання н  | Addabbl (2000) NPPA di 49494 (Filosof de methores accommendade de del Material (All Material Andréa) (Print d'Andréa) (Print      |
| PART 8. BUSI  | INESS WITH STATE AGENCIES  |  |
| List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or  |  |  |
| None  | 5.860/00818099000000000000000000000000000000   | CONTROL CONTRO     |
| Name of Agency  | мате и под торого по под торого  | apulariument lienten lienten laitet la terrandica triuliere plann attenti in la cel menten in men de la correcció helitada de<br>de of Agency<br>para exposer para exposiçõe per la celesco de la la celesco de la la la celesco de la |
| 1.  | 3.   |  |
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| PART 9. INCOME RECEIV   | /ED BY MEMBERS OF IMMEDIATE FA   | AMILY  |
| List the type of economic activity representing each source dependent child(ren) during the reporting period and the kin of \$1,000 or more, list his or her name and job title. List only not include gifts. | nd of income represented. If your spouse of  | or domestic partner received income  |
| Name of Spouse or Domestic Partner and Job Title  | Type of Economic Activity<br>Representing Source of Income<br>Received   | Kind of Income   |
| Name:   | 1  | 1  |
|   | 2  | 2  |
| Job Title:  | 3  | 3  |
| Dependent Child(ren) - Job Titles Only  |  |  |
| Job Title:  |  |  |
| Job Title:  |  |  |
| Job Title:  |  |  |

| held any office,   | PART offit or nonprofit corporation, firm, as , trusteeship, directorship, or positions compensated. If a family member  | ion of any nature. Indicate wheti  | ess in which you or a<br>ther you or a family r  | member held the pos  | sition and whether   |
|--|--|--|--|--|--|
| None   | ETTE DISABBLE (In In It is the Control of Co | THE STATE OF THE S | Child Character and Character  | **Billion DeCompany of the Control o | TOTAL STATE OF THE |
| seltet en sekken in Edwin (Birth en einer 2 skriven in Arbeitsche Beitaliste er en son   | Organization/Business<br>and Address   | russers da una dia militaria na asusuna demanda di digina esta un masumi de si di diduto di distributi di diduto di distributi d | Position Held<br>By:   | Family Member's<br>Name  | Compensated?   |
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|  |  | SIGNATURE  |  |  |  |
| <u>-</u>   | By Miss By Signature   | lu_  | Feh  | Date Date  |  |
| Please provid  | le any additional information be   | ADDITIONAL INFORMATED  |  | cate the part or se  | ection number fo   |
| · COMPOSITION CONTRACTOR AND CONTRACTOR AND CONTRACTOR SAFETY CONTRACTOR CONT | n you are providing. Use additi  |  |  |  | TO NOTICE THE TOTAL OF A STATE OF THE STATE  |
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