

Name

FEB 13 2012

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 0/333

House

District

Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

□ Senate

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

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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** 

166 Albion Rd			110		
City, zip code Windham ME	040	62	Phone 207	892	6591
PART 1. INCOM	1E 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					e State, from
None	NN train and NIII and the distance that distance is a surface.		NEED WORLD AND A STATE OF THE S	60011400   614 201200000 6007 111 6717 PC DOM	askan katendra (1866-1911) kalanda terda (1874-1874-1874)
Name of Employer		Address	Principal Typ o	e of Econ f Employe	
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State of MAINE	Ront	land ME	Relail	SALE	
				Protection and Protec	
PART 2. INCOME DEF	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 p entity, list the m	ractice fro ajor areas	om which you of economic
None	nevenues es esquenți primini la Lipenie escele estinui r	entennolus sed tavi salamen Lika aset andre di 1940 et 1960 et	at til der foreste til de de ett med de ett de ett foreste ett foreste ett foreste ett foreste ett foreste ett	Principle of Principle Medical Principle Princ	esser o 2000 en un companyo en emplopa 2000 esse en 11 en escalar en VAPA esse autore commun
Name and Address of Business Entity or Law	Firm	Major Areas of Economic Activity/ Law Practice (self)	L (partnership, a	aw Practic	firm or similar
Name:					
Address:			7975740109—TV-00015300040155-C00455-C0045-00-000065-00-	80080000000000000000000000000000000000	
Name:			***		
Address:					
· ·	•	·			

PART 2 (continued). INCOME	DERIVED FROM SELF-EMPLOY	(MENT
B. List each source of income derived from self-employment of \$1,000, whichever is greater, and specify the principal type of income. If this form of disclosure is prohibited by law, rule, or an economic activity of the entity or person from whom the income we	economic activity of the entity or pestablished 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
Name:	THE ONLY OF THE BEST CONTROL OF THE STATE OF	
Address:		Control of the Contro
монет на принципально и составляющим почет объемнення на принцент почет на принцент на пр	история 2000 III Репода (III III III III III III III III III I	
Address:		TA A ROBANIA CONTRACTOR
PART 3. OTHER	SOURCES OF INCOME,	
List each source of income of \$1,000 or more not listed in Parts 1 box.	or 2 of this form. Do not include gifts	or honoraria. If none, check the
None		
Name and Address of Source	<b>8</b> 3. •	Kind of Income (investments, leases, etc.)
материя по	те петем и потост на вительственного от в две изо довожно в в под в под на под в под в под на под в под на под В под на под	ลูกเล่นของการการเกาะเกาะเกาะเกาะเกาะเกาะเกาะเกาะเกาะเกาะ
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Address:		
Name:	(COLV) PROBLEM POR 12 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Address:	• • • • • • • • •	
PART 4. REPO	RTABLE LIABILITIES	Marine A. S. Collection
List the names of creditors for any <u>unsecured</u> loans of \$3,000 o areas of economic activity of each creditor. Do not list credit card regulated financial institutions. If none, check the box.	r more that you received during the liabilities, educational loans, loans fro	reporting period, and list the major om a relative, or business loans from
None	enconversement menter menter mente produce en encontration de la companya de la contration de la contration de la companya del la companya de la companya de la companya del la companya de la companya del la	ран өм менерин уулга эргийн анган осон осон осон осон осон осон осон ос
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:	The state of the s	
Name:		
Address:		
PART 5. GIFTS, INCLUDING	FRAVEL AND ACCOMMODATION	DNS
List the specific source of gifts received during the reporting period	with an aggregate value of more that	n \$300. If none, check the box.
None	1985 (1985) 1985 (1986) 1986 (	
Name of Source of Gift	manunipanan ana ang may ang mananan ang mananan ang mananan ang mananan mananan mananan ang mananan ang manana	Source of Gift
1.	3.	
2.	4.	

Control of the second s	ART 6. HONORARIA	
List the source of any honoraria accepted for appearances		
None	THE PROPERTY AND A STATE OF THE	**************************************
Name of Source of Honoraria	Name of S	Source of Honoraria
1.	3.	
2. · · · · · · · · · · · · · · · · · · ·	4	
PART 7. REPRESEI	NTATION BEFORE STATE AGENC	ES
List each executive branch agency before which you reprebox.	sented or assisted others for compensat	ion of any amount. If none, check the
None	Mayor (1334-4) Stayler (5) purply register (1) purply (	3 195/2015/06/05/06/06/06/06/06/06/06/06/06/06/06/06/06/
Name of Agency	The contract of the contract o	me of Agency
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2.	4.	мосту о «тим монеционного монеционного компециального под пределения в под пред пред пред пред пред пред пред пре
	INESS WITH STATE AGENCIES	
List each executive branch agency to which you or a mem \$1,090 during the reporting period. Indicate whether you or	nber of your immediate family sold goods a family member sold the goods or service	s or services with a value in excess of ces. If none, check the box.
Name of Agency	titikiitätiitäitäitäitäitäitäinin koisaan kanaan kanaan kanaan kanaan kanaan kanaan kanaan kanaan kanaan kanaa Nor	THE SHEET AND A SHEET COMMENT OF THE SHEET AS A SHEET COMMENT OF THE SHE
Name of Agency.	кашката ком-кал поможен уческого не чаркатичность мажения местоморующим разменениями деспеция достом сестом сестом сестом басты подажный положениями деспеция достом сестом сестом сестом достом достом сестом сестом достом достом сестом достом достом достом сестом сестом достом дост	ne of Agency
1.	3.	*
2.	4.	
List the type of economic activity representing each source	/ED BY MEMBERS OF IMMEDIATE	by your spouse or domestic partner or
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 ly the job title of dependent children who re	e 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: Diane Bryant  Job Title: RN	1. Health CARE 2.	1. Enployment 2.
	3	3.
NA Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		
Job Title:		

☐ None	compensated. If a family member is liste	d, indicate your relatio			sition and whether r.
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	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
Windham Neighb Po Box Windl	n Neighbors Helping or 5 1956 iam ME 04062	Board: Member	Self		No
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		SIGNATURE			
12 Komt r	Signature	-	_ OCT	Date	
Please provide		ITIONAL INFORMA		cate the part or se	ection number for
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	e any additional information below (and you are providing. Use additional pa	d on additional shee	its if needed). Indi	DEGLAD ADDRESS OF A STATE OF A ST	
Part/Section Number	e any additional information below (and you are providing. Use additional pa	d on additional shee ges, if necessary.	its if needed). Indi		
Part/Section Number	e any additional information below (and you are providing. Use additional pa	d on additional shee ges, if necessary.	its if needed). Indi		

PART 10. OFFICER OR DIRECTOR POSITIONS