



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.

	GISLATOR INFORMATION		
Name		Office:	
ALAW M CASAVAN	;	☐ House ☐ Senate	
		District	
22 MeETIZhouse R	11()	137	
City, zip gode		Phone	
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TO WE WILL			
PART 1. INCOME DE	ERIVED FROM EMPLOYMENT BY AND	THER	
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	(FEE QUICKY CONTYLE DYNAMINE) CONTROL OF THE CONTRO	355.04.04.04.05.05.05.05.05.00.00.00.00.00.00.00.00.	
ramediang greek now, made to be the mode for the side of the Section of the Secti	Address	Principal Type of Economic Activity	
Name of Employer	AUUI 655	of Employer	
Billefond Schoolper	MAIN ST Bidde to I	TEAGLER	
		vermanne.	
MAINE HOUSE OF REPU	2 STATE HOUR STATIL	/EGN/ATOL	
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PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OR LAW PRACTICE			
A. List the name and address of your business or law f derived income. If associated with a partnership, firm, p activity or practice of that entity.	firm, if any, and list the major areas of econo professional association, or similar business o	mic activity or practice from which you antity, list the major areas of economic	
None		SOMMANDING DISCOVERS ON SELECTION OF THE SENSE SERVICE AND AN ACCOUNT OF THE SERVICE OF THE SERV	
A CONTRACTOR DE LA CONTRACTOR DE CONTRACTOR DE LA CONTRACTOR DE CONTRACT		Major Areas of Economic Activity/	
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/	Law Practice	
•	Law Practice (self)	(partnership, association, firm or similar business entity)	
Name:		engentur angenturung selen desa mangan unta mangan selenan selenas mangan selenan sele	
Address:			
Name:			
Address:			

PART 2 (continued). INCOM	ME DERIVED FROM SELF-EMPLOY	'MENT
B. List each source of income derived from self-employment \$1,000, whichever is greater, and specify the principal type income. If this form of disclosure is prohibited by law, rule, or economic activity of the entity or person from whom the income	of economic activity of the entity or po an established code of professional eth	erson from whom you derived such
Name and Address of Sou	Irce	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		
Address:		
Name: Address:		
List each source of income of \$1,000 or more not listed in Part	ER SOURCES OF INCOME	or honoraria. If none check the
box.	5 TOF 2 OF WINS TOTAL. DO FLOT INCIDAGE GITES	of nonoralia. If note, check the
None		RANGARANINA MARIANTANA MAR
Name and Address of Sou	rce	Kind of Income (investments, leases, etc.)
Name:		
Address;		
Name:	те не при в при на п На при на при	динивания и пототно-поточно, чише маке на данны в Такива сопини на обще тивно-та на обото слета за дост не общ
Address:		
мате:	neunen neuen von Europeon verrotein den men ein Europe der met den en der verrotein der der des des des des de	aastannee, muutta kontaisen kaisen kansa kunta taman tima anaa kontainin kataan mataa kontaisaa ka tahan ka ka
Address:		
PART 4. RE	PORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,00 areas of economic activity of each creditor. Do not list credit cregylated financial institutions. If none, check the box.		
None		
Name and Address of Cred	itor	Principal Type of Economic Activity of Creditor
Name:		NAMES OF THE PROPERTY OF THE P
Address:		
Name:	kaphan dinahan dinahan kampungan di kara 1888 samban dinahan 1882 samban samban samban samban ang samban samban	aassa keeriteen aa ta saka saamuu ta kan ta saka saa saa saa ka ka ka saa saa saa
Address:		
PART 5. GIFTS, INCLUDIN	G TRAVEL AND ACCOMMODATION	DNS
List the specific source of gifts received during the reporting per		respectively and the first of the contraction of th
None		
Name of Source of Gift		normal and a superior and a construction of the superior and a sup
1.	3.	
2.	тототочноской положений п	~~~ + 1 ~~~ + 1 ~~~ + 1 ~~~ + 1 ~~~ + 1 ~~~ + 1 ~~~ + 1 ~~~ + 1 ~~~ + 1 ~~~ + 1 ~~~~ + 1 ~~~~ + 1 ~~~~~~~~

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PA	RT 6. HONORARIA			
List the source of any honoraria accepted for appearances of				
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Name of Source of Honoraria	Name of Sci	ource of Honoraria outside of Honoraria		
1.	3.			
2.	4.	DIANTIONA GUALLI SIGNA AGGLUTISSAN ONGENERASINA ALAGU ELPANTROGISSO GEOGRAPHISTONIN SELENDO OUTUGISSAN MARKATA		
PART 7. REPRESEN	ITATION BEFORE STATE AGENCIE	s · · · · · · · · · · · · · · · · · · ·		
List each executive branch agency before which you repres	sented or assisted others for compensatio	on of any amount. If none, check the		
None				
Name of Agency	$a_{12} = a_{12} + a_{13} + a_{14} + a_{12} + a_{12} + a_{13} + a_{14} + a$	e of Agency www.www.www.www.www.www.www.www.www.ww		
1.	3.			
2.	4.			
PART 8. BUSII	NESS WITH STATE AGENCIES			
List each executive branch agency to which you or a meml \$1,000 during the reporting period. Indicate whether you or	ber 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				
Name of Agency	Name — при	e of Agency		
1.	3.			
2.		99(39) (1522) 345(35) 455(35)		
PART 9. INCOME RECEIVE	ED BY MEMBERS OF IMMEDIATE F	AMILY		
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner or dependent child(ren) during the reporting period and the kind of income represented. If your spouse or domestic partner received income of \$1,000 or more, list his or her name and job title. List only the job title of dependent children who received income of \$1000 or more. Do not include gifts.				
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income		
Name: PATRICIA JALDENY	1. NASIM	1. Employner		
Job Title: VISITING NULL	2V 3	2		
Dependent Child(ren) - Job Titles Only				
Job Title:				
Job Title:				
Joh Title:				

None	a champing as a magalik ke kalatary de was awang de was ang de ke	The state of the s	11 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
	METHORITANIA (COMMITTANIA METHORITANIA METHO	BENETI STERRE (*SERANGESS) BENETI STERRE		management or comment and the first of the delegated the first of the delegated of of the de
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	SIGNATURE			
A Legislator who willfully fails to file a required stat The intentional filing of a false statement is a Class willfully filed a false statement, it shall refer its findi Signature	s E crime. If the Com	nmission concludes	that it appears that	

ADDITIONAL INFORMATION			
	ny additional information below (and on additional sheets if needed). Indicate the part or section number for ou are providing. Use additional pages, if necessary.		
Part/Section Number			