

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

## aine Ethica Commission

## 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** 

JAN 17 2012

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Mailing address  15 ST&AM BOAT	- LAN	DINO RUAD	District /O/	
City, zip code	0"		Phone	
NAPLES	207693-4951			
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PART 1. INCOM	IE DERIVE	ED FROM EMPLOYMENT BY AN	OTHER OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY OF TH	
List the name and address of each private or pub whom you received compensation of \$1,000 or mo				
None  None	l sendro una manuarian e en un mes e en enunca e en en un en e			
Name of Employer	Address		Principal Type of Economic Activity of Employer	
MAINE House of Representatives	2 sta	n be House Station AUGUSTA	Covernment	
	and a summarized a Shortishness as meritiment construction for the Section or Park			
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.				
None	ed melicines is miles per fell commercial constraints per	YPTTTALANING CATABAN Y CONTYNY Y CATABAN CATABAN Y ACTUAN Y ACTUAN Y ARREST CONTYNING CATABAN CATABAN Y CATABAN	Comment of the Commen	
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: THE STEAMBURY LANDING CORP Address: 15 Steambout LogRo Nouples		Tourism Baged Amvsensort	Same	
Name:				
Address:				
	<u> </u>		<u> </u>	

PART 2 (continued). INCOME D	ERIVED FROM SELF-EMPLOYMENT
\$1,000, whichever is greater, and specify the principal type of e	law practice that represents more than 10% of your gross income or conomic activity of the entity or person from whom you derived such established code of professional ethics, specify only the principal type of a derived.
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	
Address:	
PART 3. OTHER S	SOURCES OF INCOME
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or box.	r 2 of this form. Do not include gifts or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: UAIZIUVS InDIVIDIDALS	RENT/Leases
Address:	
Name:	
Address:	
Name:	
Address:	a de la composition della comp
PART 4. REPOR	TABLE LIABILITIES
	more that you received during the reporting period, and list the major abilities, educational loans, loans from a relative, or business loans from
- None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	
Address:	
PART 5. GIFTS, INCLUDING T	RAVEL AND ACCOMMODATIONS
List the specific source of gifts received during the reporting period w	with an aggregate value of more than \$300. If none, check the box.
None	
Name of Source of Gift  1.	Name of Source of Gift  3.
***  TOTALIS ALTO ALTO ALTO ALTO ALTO ALTO ALTO ALTO	4.
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	ART 6. HONORARIA			
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.	- Lauren Primperiorente historiane et et et et et		
None				
Name of Source of Honoraria	Name of So	ource of Honoraria		
1.	3.			
2.	4.			
PART 7. REPRESE	NTATION BEFORE STATE AGENCIE	s A A		
List each executive branch agency before which you repre box.	sented or assisted others for compensation	on of any amount. If none, check the		
None				
Name of Agency	Nam	e of Agency		
1.	<b>3</b> .			
2.		4.		
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or				
None		marine specific program program and construction of the specific program of th		
Name of Agency	Nam:	e of Agency мысеринения выполнения выполнения выполнения выполнения выполнения выполнения выполнения выполнения выполнения		
1.	3.			
2.	4.	4.		
PART 9. INCOME RECEIV	VED BY MEMBERS OF IMMEDIATE F	AMILY		
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kir 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	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: Philippa M CEBRA  Job Tille: BILLing & Paryroll	1. <u>Employ, renb</u> 2. 3.	1. <u>SALARY</u> 2. <u></u> 3. <u></u>		
Dependent Child(ren) - Job Titles Only				
Job Title: WORKER	Employment	Hourty		
Job Title:		Management as or retained in a contract and account to the contract of the contract and the		
Job Title:				

held any office, tru	part 10. OFFIC or nonprofit corporation, firm, association, p isteeship, directorship, or position of any na ompensated. If a family member is listed, i	partnership or busines ature. Indicate wheth	ess in which you or a her you or a family r	member held the pos	sition and whether
None None	Allportoacou. Il a lating invited to the control of	HIGHORIO YOUT FORMER.	Ship and the name	ОГ ШС запппу поставления	
BBC ( 4 CBCCC) ( 20 m mm Man Torn Library 12 m m Torn Library 12 m m m m m m m m m m m m m m m m m m	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
Cumberlan	nd County Republican Ctly	CHAIRMAN	5e 46	The state of the s	NO
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willfully filed a fals	ing of a false statement is a Class E cr se statement, it shall refer its findings o	of fact to the Attorno	iey General. (1 M	1.R.S.A. § 1019) Date	<del>-</del>
	ny additional information below (and o			icate the part or se	ection number fo
	ou are providing. Use additional pages				
Part/Section Number					PARAMETER STATE OF THE STATE OF
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