

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.

Maling of the Holighia de the Li	EGISLATOR INFORMATION	
Name Rulph Chapman		Office:  House   Senate
Mailing address 455 Varnumville Rd	District 37	
City, zip code (300 KSVIlle ME 04	326.0899	
PART 1. INCOME D	ERIVED FROM EMPLOYMENT BY AND	OTHER STATES
List the name and address of each private or public e whom you received compensation of \$1,000 or more.	mployer, including the Legislature and any ag Specify the principal type of economic activity	gency or subdivision of the State, from of each employer.
None		PAGE OF THE CONTROL OF T
Name of Employer	Address	Principal Type of Economic Activity of Employer
Marie State House of Representatives	2 SHS, Augusta ME 04333	government
PART 2. INCOME DERIVE	D FROM SELF-EMPLOYMENT OR LAW	V PRACTICE
A. List the name and address of your business or law derived income. If associated with a partnership, firm, activity or practice of that entity.	firm, if any, and list the major areas of econo professional association, or similar business	mic activity or practice from which you entity, list the major areas of economic
None		
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: (Self) Address:	education Araming/gust writing	
Name: Address:		

PART 2 (continued). INC	COME DERIVED FROM SE	LF-EMPLOYMENT
B. List each source of income derived from self-emplo \$1,000, whichever is greater, and specify the principal income. If this form of disclosure is prohibited by law, rul economic activity of the entity or person from whom the in	type of economic activity of t e, or an established code of p	he entity or person 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: United Technologies Conter MVR	ti U	public education
Name: United Technologies Conter MVRI Address: 200 Hogan Rd Bangor ME	04401	Progree Constitution
Name:	ти компония и потерновно дому и току с чтому подостов досту А констру и току до на подосту до на под	
Address:		
PART 3. C	OTHER SOURCES OF INC	OME
List each source of income of \$1,000 or more not listed in box.	Parts 1 or 2 of this form. Do n	ot include gifts or honoraria. If none, check the
None	ra da sa karantara da composito estra esta de mara de para esta de mara de mara de mara de mara de mara de mar	P(i,d,n) than the constraint of the section of the constraint o
Name and Address of	Source	Kind of Income (investments, leases, etc.)
Name:		
Address:		
Name:		THE COLD AND ACCOUNT OF THE COLD ACCOUNT OF THE COLD ACCOUNTY AND ACCOUNT OF THE COLD ACCOUNTY ACCOUNT
Address:		
Name:	HET HALL THE STATE OF THE STATE	родинення по под при
Address:		
PART 4.	REPORTABLE LIABILITII	<b>ES</b>
List the names of creditors for any <u>unsecured</u> loans of \$ areas of economic activity of each creditor. Do not list credit regulated financial institutions. If none, check the box.	3,000 or more that you received that go are disabilities, educational leads to the card liabilities.	ved during the reporting period, and list the major loans, loans from a relative, or business loans from
None	POPPOSIA PATOSISTA ILVANI (ETSISTA PATOSISTA PA	
Name and Address of C	Creditor	Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:		
Address:		
PART 5. GIFTS, INCLU	DING TRAVEL AND ACC	OMMODATIONS
List the specific source of gifts received during the reporting	하는 것 같은 사람들이 되는 것 같아요. 아마는 아마는 나는 사람들이 되는 사람들이 없는 것을 잘못 들었는데 없는데 되었다. 아마는 사람들이 다음이 되었다.	
None	добенный однук Романич до неот на неверхности применения применения на применения применения применения применения п	1001236452666452666445246544544645446464646464
Name of Source of Gift		Name of Source of Gift
1.	3.	A PROCESSION TO THE PROCESSION OF THE PROCESSION
2.	4.	

	ART 6. HONORARIA	
List the source of any honoraria accepted for appearances		
None	A CONTRACTOR OF THE CONTRACTOR	TABLE POLICY AND THE STREET OF
Name of Source of Honoraria	Name of Sc	ource of Honoraria
1.		wasaningo menungan memora anaka-isi salih Adalah dalah salih menjangan dalah dalah salih dalah salih salih dalah salih s
2.	4.	
PART 7. REPRESE	NTATION BEFORE STATE AGENCIE	S
List each executive branch agency before which you repre box.	sented or assisted others for compensatio	on of any amount. If none, check the
None	holds we We distributed in the latest the week events we will reduce it was a manusched and the second section of the second section in the second section in the second section is a second section of the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section is a section in the section in the section in the section in the section	
Name of Agency	programmy programmy compression of the compression	e of Agency
<b>1.</b> -	<b>3</b> .	
2.	на-тим и постоя по прости при постоя по	(1970) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990)
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or None	INESS WITH STATE AGENCIES  The of your immediate family sold goods or a family member sold the goods or service	or services with a value in excess of es. If none, check the box.
A STATE OF THE PROPERTY OF THE		usatarapataususeetan on ontaria valtainen entervallaiteinen entervallaitein televatein televatein valtaitat t e of Agency soomaassa talaista talaista talaista talaista talaista entervallaitein talaista talaista talaista talaista tal
1. 3,		
2.	4.	AMAZONICOTI SECULOTO CONTRACTORIO CONTRACTOR
PART 9. INCOME RECEIV	/ED BY MEMBERS OF IMMEDIATE F	-AMILY
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kill 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: Rebecca Poole  Job Title: Art Teacher	1. education 2. Community theater	1. employment 2. contract (directing)
Job Title: Art Teacher	3.	3.
Dependent Child(ren) - Job Titles Only		
Job Title: restaurant waststaff		
Job Title:		
Job Title:		

held any office,	it or nonprofit corporation, firm, a trusteeship, directorship, or posit s compensated. If a family memb	tion of any nature. Indicate whe	ther you or a family	member held the pos	sition and whether
□ None	202225 CEU (1990) 1994 - 12 America - America III (1990) 12 EU (1990)	98°999 (16d (1140°44°18° н. 155°18) (18d (1143°) добочно дошенно оченно	CONTROL MITTER CONTROL E LA COMME EL PARTICIPA DE PORTIR PRAPAR SECURITAR ARTÍCULAR A COMPA E EL PARTICIPA DE C	energies (1800) de la companya de l Companya de la companya de la compa	d deuerrel es der une museum este convertido del til lieta de talmió et de immonormany en que
THE PROPERTY OF THE PROPERTY O	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
Brooksville PO Box 34 Brooksville	United Methodist Church  ME 24617	trustee	Self	no della General Talloccio (Annica) di Santoni (Annica) di Santoni (Annica) di Santoni (Annica) di Santoni (An	NE
					ZONEZIJA GOVINI OKUZA VORIO I PCA GOVORNO MEKA GOGORNO
		SIGNATURE			
€ Ca	alse statement, it shall refer it		·	13, 2012 Date	_
		ADDITIONAL INFORMA	TION		
Please provide the information	any additional information be you are providing. Use addi	elow (and on additional shee tional pages, if necessary.	ts if needed). Indi	cate the part or se	ction number for
Part/Section Number					

PART 10. OFFICER OR DIRECTOR POSITIONS