2011 Calendar Year



DECEMBED

delice Cities Commission

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
JAN 17 2012 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 Clerk of the House or Secretary of the Senate 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.

	LEGISL	ATOR INFORMATION		
Name Herbert E  Mailing address  ABOBOUGOIN  City, zip code  Milliwocket Mi	TLARI ST	04462	Office:	□ Senate
		ED FROM EMPLOYMENT BY AN	OTHER	
List the name and address of each private or put whom you received compensation of \$1,000 or mo				
None	e en entrem A = 40 destrée en hantil à l'artificité de Constant		era persona y armenen y la fritzen frantziak eta 1801aan fritzen (la familiak eta 1822-1800 kilosof	ACCESSES ACC
Name of Employer	Address		Principal Type of Economic Activity of Employer	
House of Representative STATE Ref	G. H.S #J HUSUSTA, WE 04333		STATE Representative	
	Constraining amounts on the stable on a stable of the stab			
PART 2. INCOME DEF	RIVED FR	OM SELF-EMPLOYMENT OR LAY	W 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				
Name and Address of Business Entity or Law Firm		Major Areas of Economic Activity/ Law Practice (self)	Lav (partnership, as	of Economic Activity/ w Practice sociation, firm or similar iness entity)
Name;	e green wegge voorgement Artentuurs 2 Aandel 10 B		, , , , , , , , , , , , , , , , , , ,	- Millionista Annas-Labor de Abrilliana a securido de Abrilliana a secu
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Name:	· · · · · · · · · · · · · · · · · · ·			
Address:				

B. List each source of income derived from self-employment or la \$1,000, whichever is greater, and specify the principal type of econome. If this form of disclosure is prohibited by law, rule, or an estimate economic activity of the entity or person from whom the income was a	aw practice that represents more onomic activity of the entity or pe	than 10% of your gross income or 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;	SEPTION PRINCES TO THE CONTROL OF PRINCES OF A SEPTION OF THE SEPT	Annual distriction and construction of the special property of the special construction of the special constructio	
Address:			
Name:	TITLEN MATERIAL PER ESTA MET E	$\frac{1}{2} \left( \frac{1}{2} \left$	
Address:			
PART 3. OTHER SC	DURCES OF INCOME		
List each source of income of \$1,000 or more not listed in Parts 1 or 2 box.	2 of this form. Do not include gifts	or honoraria. If none, check the	
- None	0000000-000 OT	nn received de de vida e vonce erre er v encoctanazamon consideran e ve en encoche de ve esta los des vers els consider e encoc	
Name and Address of Source	ngananangan kangangan kangangan pangangan kangan kangan kangan kangan kangan kangan kangan kangan kangan kanga Kangan kangan kanga	Kind of Income (investments, leases, etc.)	
Name:	Per-silizative makes		
Address:	An distribution of the control of th		
Name;	MICHAECT (APPENDED AND COMPANIES AND	Эт менендий контракторов общения невым от	
Address:	Validabilandeldy		
Name;	COPPOSE STORM A COMMISSION OF COMMISSION OF COMMISSION AND ACCORDING TO COMMISSION OF	ine kamminen ministra an	
Address:	Homemasspa		
PART 4. REPORT	ABLE LIABILITIES		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mareas of economic activity of each creditor. Do not list credit card liab regulated financial institutions. If none, check the box.	nore that you received during the pilities, educational loans, loans from	reporting period, and list the major magnerative, or business loans from	
None			
Name and Address of Creditor		Principal Type of Economic Activity of Creditor	
Name:	ASSECTION OF THE SECTION OF SUB-ASSECTION AND ADMINISTRATE SELECTION OF THE SECTION OF T	iki iki Marifati (Marifati (Marifati iki Marifati iki Mar	
Address:			
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Address:			
PART 5. GIFTS, INCLUDING TR	AVEL AND ACCOMMODATIO	NS	
List the specific source of gifts received during the reporting period wit	th an aggregate value of more than	\$300. If none, check the box.	
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Name of Source of Gift  1	Special for a contract of the	Source of Gift	
1.	3.	iikalii eekkiiii (Mehenimuu noke oo moonnee maaneem maaneem ka oo maan oo	
2.	4.		

List the source of any honoraria accepted for appearances of	or speeches. If none, check the box.				
None	JI SPEECIES. II HOHO, OLOOK LIO 20				
Name of Source of Honoraria	темет амага аттемет и и потого потог	Source of Honoraria			
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2.	4.	aria andiadne e un manerio anticologico esta discologico del composito de la c			
	NTATION BEFORE STATE AGENCIE				
List each executive branch agency before which you represbox.	sented or assisted others for compensation	on of any amount. If none, check the			
None					
Name of Agency	Nam	Name of Agency			
1.	3.	3.			
	4.	makkhingan orang kili kangan orang ana kangan ang kangan ang kangan kangan kangan kangan ang ang ang ang ang a			
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	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 None	IIIIIII AANAANAA IIIIAA IIIIAA IIIIAA IIIIAA IIIAA				
Name of Agency	Nam	Name of Agency			
1.	3.				
2.	4.	4.			
PART 9. INCOME RECEIV	ED BY MEMBERS OF IMMEDIATE F	FAMILY			
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	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:	1	1			
	2	2			
Job Title:	3	3			
Dependent Child(ren) - Job Titles Only					
Job Title:					
Job Title:					
Job Title:					

held any office,	it or nonprofit corporation, firm, association trusteeship, directorship, or position of are compensated. If a family member is liste	y nature. Indicate whet	ther you or a family i	member held the pos	sition and whether
None	THE CENTER OF TH	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	меничного неголомот статос и статоско немотом в съчествение съчествение объекта съчествение по постато неголом	ennizar etabanar etere ete erregional formenda etabanar e	ELE DIMEMBRE É THOMPONDAMENTO PLACEMENTE AL PREMIONI POR ENTITO A VELIMENT PROPERTO POR TOTO PORTO POR ENTITO PORTE POR ENTITO POR ENTITO POR ENTITO PORTE POR ENTITO PORTE POR ENTITO PORTE POR ENTITO PORTE
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
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- (de	Signature Clurk	<u>.                                    </u>	/	1/4/201 Date	2
	ADI	DITIONAL INFORMA	TION		
Please provide	any additional information below (ar	nd on additional sheet	ts if needed). Indi	cate the part or se	ection number for
the information	you are providing. Use additional pa	ages, if necessary.			
Part/Section Number					
PROBERTY I ATTENDED A					
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PART 10. OFFICER OR DIRECTOR POSITIONS