

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

## JAN 17 2012

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## Maine Ethics 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.

	LEGISL	ATOR INFO	RMATION			
Name			Office:			
Tyler Clark	🛛 House	☐ Senate				
Mailing address	District					
Mailing address P.O. Box 243				6		
City, zip code				Phone		
Easton 04740				207-488-2633		
PART 1. INCO	ME DERIV	ED FROM EN	IPLOYMENT BY AN	OTHER	A Company of the Comp	
List the name and address of each private or pu whom you received compensation of \$1,000 or n						
None	CHEN CONTINUES C	NATIONAL CONTRACTOR SPECIAL SP	THE CONTRACT OF THE CONTRACT O	an an ann an	versionments in a service of 3 in Local 2 in February 2 in Colonia (V. 12 in Land 2 in Colonia 2	
Name of Employer	Address			Principal Type of Economic Activity of Employer		
Walmark	781	main St	Aresque Isk, ME	Retail	0053-0775 Encoverage to transfer to the Control of Cont	
	000 miles (1860 miles (1860 miles (1864 miles (1864 miles (1864 miles (1864 miles (1864 miles (1864 miles (186	A STATE OF THE STA		ng galamagan ga maganan pam magan papapan panapan pam pampa pagan magan magan magan magan pamban pamban pamban		
PART 2. INCOME DE	RIVED FR	OM SELF-EN	IPLOYMENT OR LA	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)		Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)		
Name:	CHECKER STONE STATE OF THE STATE STA		ом на применения и метор и известти и мене и повет на повет и повет на повет на повет на повет на повет на пов	re se estratignet estat sistematik et transmissioner et a transmissioner et a transmissioner et announ et announ et a	мен до на продости на предости на пред На предости на предости	
Address:						
орожности пости по подательности и подательно	es perment suppressed to the contract to the c	Charlestory 1 decreases occurrently of confinemental section constitutions	naran da kanada kepada da da kanada da k	VT-A-100   MT-1779-T-1820-T-1840	ESTERATES ESTAMBLES STONES MEDISTRANDA SIMILA HAMILES SANDARIOS TODANDA MENASTRANDA MEN MEDISTRANDA MEN MEN MEDISTRANDA MEN MEN MEDISTRANDA MEN MEN MEDISTRANDA MEN MEN MEN MEN MEN MEDISTRANDA MEN	
Address:						

PART 2 (continued). INCOME D	ERIVED FROM SELF-EMPLOYMENT
B. List each source of income derived from self-employment or \$1,000, whichever is greater, and specify the principal type of each	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
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	OURCES 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
	amenianamenta anterioren montan munta eta errenta ataren eta
Name and Address of Source	Kind of Income
event net at the second and a s	natura di manuna da da manuna da da manuna da
Address:	
Address:	22.2.2.0 Carried Carri
Name:	
Address:	
	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 v	vith 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.
1. 2.	4.
	<i>ξ</i>

PA	ART 6. HONORARIA			
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.			
None				
Name of Source of Honoraria	Name of S	ource of Honoraria		
1.	of the state of th			
2.	4.			
PART 7. REPRESEI	NTATION BEFORE STATE AGENCIE	s - Carlo		
List each executive branch agency before which you repre box.	esented or assisted others for compensation	on of any amount. If none, check the		
None				
Name of Agency	TOTALIST AND	e of Agency		
1.	<b>3</b> .			
**************************************	у результа вы основни в пового дом за выполнение на него по по то не него него по по по по по по по по него не него по	**************************************		
List each executive branch agency to which you or a men \$1,000 during the reporting period. Indicate whether you or	INESS WITH STATE AGENCIES  The 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	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	an kanakan antan antan kanakan kanakan kanakan kanakan kanakan antan antan antan antan antan antan antan antan La		
Name of Agency		le of Agency and an analysis of the control of the		
1.	<b>3</b> .			
2.	4.			
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 onlinot include gifts.	nd of income represented. If your spouse	y your spouse or domestic partner or or domestic partner received income		
Name of Spouse or Domestic Partner and Job Title	Representing Source of Income Received	Kind of Income		
Manage	1	1		
Name:	2	2		
Job Title:	3	3		
Dependent Child(ren) - Job Titles Only				
Job Title:				
Job Title:				

	PART 10.	OFFICER OR DIRECTO	R POSITIONS		
held any office,	fit or nonprofit corporation, firm, assoc , trusteeship, directorship, or position o s compensated. If a family member is	ciation, partnership or busine of any nature. Indicate wheth	ss in which you or a her you or a family r	member held the pos	ition and whether
☐ None					
TOTAL ON SOCIAL PARTIES SERVICE SERVIC	Organization/Business and Address	метерь перетовного стастор объектор на менен в выполнения на него выполнения на него выполнения на него выполн Title	Position Held By:	Family Member's Name	Compensated?
BBOTOSIBLE TVESSAG I LINTONATORI III.					TOTOTOTOTOTI TOTOTIA TILANITZANIA TANTALARI AN'AN'AN'AN'AN'AN'AN'AN'AN'AN'AN'AN'AN'A
		SIGNATURE			
The intentional	no willfully fails to file a required sta I filing of a false statement is a Cla- false statement, it shall refer its find	ss E crime. If the Commi	ssion concludes ti ey General. (1 M	hat it appears that	'-A) a Legislator has
	Signature		1/3	'// / 🏎 Date	
					<del> </del>
	<b>,</b>	ADDITIONAL INFORMAT	'ION		
Please provide the information	e any additional information below n you are providing. Use additiona	(and on additional sheets Il pages, if necessary.	if needed). Indic	cate the part or sec	ction number for
Part/Section Number					
	The state of the s	The second secon		announces and COOK TO CONTROL	- ON