



Malon Philes Continuation

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.

LEGISLATOR INFORMATION

Name			Office:		
KONALD F. COLLINS			☐ House	☑ Senate	
Mailing address			District		
401 HARRISECKETT Rd.			2		
City, zip code	. 0		Phone	•	
Name CONALD F. COLLINS Mailing address 401 HARRISECKETT Rd. City, zip code WELLS, ME. 04090			Phone 985-2485		
		ED FROM EMPLOYMENT BY AND			
List the name and address of each private or p	ublic employ	er, including the Legislature and any a	gency or subdivision	on of the State, from	
whom you received compensation of \$1,000 or	more. Specif	y the principal type of economic activity	of each employer.		
None		E IC (CONTROLLED TO POPULACION MANAGEMENTE SETEMBLE PROMINE DE PROPERTIE PRO	TELEP OPERATE OPERATE PROCESSES PRESENTED ELLER AND THE PROPERTY APPROXIMATE AN ORIGINATION AND CONTRACT PROPERTY APPROXIMATE AN ORIGINATION AND CONTRACT PROPERTY APPROXIMATE AND CONTRACT PROPERTY PROPERTY AND CONTRACT PROPERTY PROPERTY AND CONTRACT PROPERTY		
Name of Employer	Address		Principal Type of Economic Activity of Employer		
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PART 2. INCOME D	ERIVED FR	OM SELF-EMPLOYMENT OR LAV	V PRACTICE		
A. List the name and address of your business					
derived income. If associated with a partnership activity or practice of that entity.	o, firm, profes	ssional association, or similar business	entity, list the majo	r areas of economic	
None		entendence proposition of the enterprise of the	ANTENNETHER TÜRKER KONTENNETHER TÜREN FARRAN VAR GESTELLEN EN M	ernes ez es ar en -s arrección nel Lielande en en diel Commonten d'Alabase la colombia del del del del del del Commonten de la colombia del Lielande en en diel Commonten d'Alabase la colombia del del del del del del del d	
NOTE			198005/9124459414.a.22241mm5matAanadriss.comdsty.bizziones4250mis;		
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:	normal vital de la companya de la co			erine erine in de seuerin de fermion de deux en de deux en	
Address:					
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Address:			mana promote a		
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PART 2 (continued) INCOM	E DERIVED FROM SELF-EMPLO	VARENT	
B. List each source of income derived from self-employmen \$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	t or law practice that represents mor of economic activity of the entity or an established code of professional el	e than 10% of your gross income or person from whom you derived such	
Name and Address of Sour	ce	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income	
Name:	Састиния поточно-достовного выпочность по почения под под почения поче	er telegraphic des services de la service de	
Address:			
Name:	ORTONNOSCICO COCOCOCICO COCOCICO COCICO		
Address:			
PART 3. OTHE	R SOURCES OF INCOME		
List each source of income of \$1,000 or more <u>not listed</u> in Parts box.	1 or 2 of this form. Do not include gift	s or honoraria. If none, check the	
None	T GEOLOGIC BERGET (TELLE TELLE CONTENTE CONTENTE CONTENTE SERVICE CONTENTE		
Name and Address of Source	Kind of Income (investments, leases, etc.)		
Name: SACO& BIDDEFORD SAVINGS I	Name: SACO& BIDDEFORD SAVINGS INSTITUTION Address: 50 INDUSTRIAL PARK Rd. SACO, ME. 04072		
Address: 50 INDUSTRIAL PARK Rd. SACO, M	PAYESTMENTS		
Name: SOCIAC SECURITY ADMINISTA Address: NORTHEASTERN PROGRAM SERVICE CENTER I JAMAICA CENTER PLAZA JAMAICA, NY 11432-3898	PENSIONS		
Name:	100620 HAMBER 1888 1888 1888 1888 1888 1888 1888 18	નું કાર્યું જ્યાને કું કાર્યો કહ્યું કરે કાર્યા કહ્યું કરવા કરવા છે. જે કાર્યા કાર્યા કાર્યા કરવા કાર્યા કરવા કરવા છે. જે કાર્યા કરવા કરવા કરવા કરવા કરવા કરવા કરવા કરવ	
Address:			
PART 4. REP	ORTABLE LIABILITIES		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 areas of economic activity of each creditor. Do not list credit ca regulated financial institutions. If none, check the box.	or more that you received during the rd liabilities, educational loans, loans for	e reporting period, and list the major rom a relative, or business loans from	
None	recommende mentre productive de la profession de la profe	месьмести и история (долите новое от 11 месьмето не постано и постано и постано на население постано на населе	
Name and Address of Credit	Principal Type of Economic Activity of Creditor		
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Address:			
менную и по	MORANIA III AIRANIA III AIRANIA MARKA AARII SAAAA AARII SAAAA AARII AA	н фастинасын элем — «И макшин колотт-шен маст таан менишен менанган или олго соот том на и иноват насыга потом	
Address:			
PART 5. GIFTS, INCLUDING	G TRAVEL AND ACCOMMODATI	ONS	
List the specific source of gifts received during the reporting peri-	od with an aggregate value of more the	an \$300. If none, check the box.	
None	CP-000-PVP-07649 CP-017525317 EP-0744905594490564PVP-0744908499654bWVVP-08-AL-Jobel HVP-05064A-Armonia-mica-machinima-		
Name of Source of Gift	en er en	f Source of Gift	
1. STATE & NATION POLICY SUMMIT AMERICAN CEGISLATIVE EXCHANGE COUNCIL	3.		
2.	4.	**************************************	

	PART 6. H	ONORARIA	
List the source of any honoraria accepted for app	pearances or speech	es. If none, check the box.	veikaai astikai sitaati kanni (1945)alaani keritana karitsiitaani kiristi kasa että että karitsiin kanna kirist
None	ž milikir polikum. Iž likolnostal kololisti karintinisti, ku izmilona kraitinisti karintinisti polikum se tili		
Name of Source of Honoraria		Name of So	ource of Honoraria
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2.		4.	
PART 7. R	EPRESENTATION	I BEFORE STATE AGENCIE	s
List each executive branch agency before which box.	າ you represented or	assisted others for compensatio	n of any amount. If none, check the
None	annes e est a la company de la company d	от организм тут тут организм организм суруулган организм организм организм организм организм организм организм Түү	оновишинов и продившения у од притизующим проволим при и поможения пришим притивности (Сидност Ром Соно) Родовов Англас
Name of Agency		Name	e of Agency
1.		3.	
2.	- MONON-MONINATION AND CAMBRIDGE MONINATION AND AND CAMBRIDGE AND AND AND CAMBRIDGE AN	4.	
PART List each executive branch agency to which you \$1,000 during the reporting period. Indicate when None	u or a member of yo		
Name of Agency	TING-ALIA AMIN'NY HITEININA ARITTANIA MININA MI	таментический при	тиворический при
тиков тексти не на население на него на него не него не него него него него нег	энжий с баса из 11 г. инте ргатионного болго не состойного достойного достойного достойного достойного достойного	3.	масия ническо-можения при месте и прогод по под почет по под почет почет почет почет почет почет почет почет п Почет почет поч
2.		4.	
PART 9. INCOME List the type of economic activity representing eadependent child(ren) during the reporting period of \$1,000 or more, list his or her name and job title not include gifts.	each source of incom and the kind of incor	me represented. If your spouse	your spouse or domestic partner or or domestic partner received income
Name of Spouse or Domestic Partner and Jo		Type of Economic Activity presenting Source of Income Received	Kind of Income
LINDA VAL CALLINS	1. <u>S</u>	ECRETARY TOWNOF WEUS	1. EMPLOYMENT
SECRETARI FOR TOUR	2	ECRETARY TOWNOF WEUS	1. <u>EMPLOYMENT</u> 2
ob Title: SECRETARY FOR TOWN WELLS RECREATION DEPT.	3		3
Dependent Child(ren) - Job Titles Only			
lob Title:			
ob Title:	von une meneral en une externe de 15 de 16 februarie (g. 16 de 16 februarie 16 de 16 de 16 de 16 de 16 de 16 de		
lob Title:	The second secon	эт от него от него постоя него постание постани	THE REPORT OF THE PROPERTY OF

held any office, tru	or nonprofit corporation, firm, associati isteeship, directorship, or position of a compensated. If a family member is lis	any nature. Indicate whetl	her you or a family r	member held the pos	sition and whether
None	- Programment of the section of the	Ethicial Manuferana ann an ann ann ann ann ann ann ann		SEMPLECAL TRESSOLUCIONARIO ESTECIMANOCESCE MELLANDRICA ACADEMICE ANALANDRICA ACADEMICA	THE CONTROL CO
THE RESIDENCE OF THE PROPERTY	Organization/Business and Address		Position Held By:	Family Member's Name	Compensated?
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		Addition			
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		PICMATIEDE			
A Legislator who	willfully fails to file a required state	SIGNATURE	e of up to \$100	/1 M R S A 8 101	<u>7-Δ\</u>
	se statement, it shall refer its findin	igo or race to and race	,	,	
You	26 0 olline			-6-12 Date	_
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	AD	DITIONAL INFORMAT	FION		
Please provide at the information yo	ny additional information below (a ou are providing. Use additional p	nd on additional sheet pages, if necessary.	s if needed). Indi	cate the part or se	ection number for
Part/Section			344 (344 (344 (344 (344 (344 (344 (344		(ABBYON 1994-191-1810) (APP-127-177-127-177-1810) (ABBYOT 1810) (APP-127-177-177-177-177-177-177-177-177-177
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PART 10. OFFICER OR DIRECTOR POSITIONS