

Name

FEB 13 2012

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Office:

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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

Lale (ratts			√2 House	☐ Senate
Mailing address			District A	
2 passing In.			10)4
City, zip code			Phone	
Lichon Falls	Mo	04252	353-59	169
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PART 1. INCOM	ME DERIV	ED FROM EMPLOYMENT BY AND	THER	
List the name and address of each private or pu whom you received compensation of \$1,000 or m				on of the State, from
None				
Name of Employer	Address		Principal Type of Economic Activity of Employer	
State of Maine	39 S	State House Station sta, Mo. 04333-6039	Legislati	» (^
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			The state of the s	
	4			
PART 2. INCOME DE	RIVED FR	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	activations in extraord it for little its encountries countries.	24 PORTINI SI SI AN AL REAL PROPERTIES AND	gamingaa yeenaa ka ka ahaan dada ahaan ka ahaan ka ahaan ka ya ahaan ka ka ahaan ka ka ahaan ka ka ahaan ka ah	13915-04 (MANAZIM TANDILIM 145-0354 EKALAKUT (ILIMA) (MANAZIM IKANISM TANDISM TANDISM (MANAZIM IKANISM TANDISM TANDISM (MANAZIM TANDISM IKANISM IKANI
Name and Address of Business Entity or Law		Major Areas of Economic Activity/ Law Practice (self)	Law (partnership, ass	f Economic Activity/ Practice ociation, firm or similar less entity)
Name: Crafts Self Storage - Address: > center Park Rd. Topshum	FAC.	10 mil Padac		CORPORATION AND AND AND AND AND AND AND AND AND AN
Address: > center Pork Rd. Topshum	Me	101 HE KACHOS	PROGRAMMENT AND	eccine ph. consumers a perfect perfect perfect perfect perfect perfect below to the transfer of the transfer o
Name:	'			
Address:				
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and the state of t	DERIVED FROM SELF-EMPLOY			
B. List each source of income derived from self-employment of \$1,000, whichever is greater, and specify the principal type of income. If this form of disclosure is prohibited by law, rule, or an economic activity of the entity or person from whom the income w	economic activity of the entity or per established code of professional eth	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:				
Address:				
Name:	ио не можения до лично в предоставления на принципа на	alle and the control of the control		
Address:				
PART 3. OTHER	SOURCES OF INCOME			
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 box.	or 2 of this form. Do not include gifts	or honoraria. If none, check the		
None		enconsequency and qualificant copy and proposed phase and A visit Size of this Size		
Name and Address of Source		Kind of Income (investments, leases, etc.)		
Name:	kaket 3500 raket militare katetus katetus katetus katetus katetus (1500 katetus 1500 katetus katetus katetus k	ірішш винамисто на умовиння мости невой виді таков за наставленій на бів до бів до типей дій від то под до то под до то под дій від дій дій дій дій дій дій дій дій дій д		
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Address:				
PART 4. REPO	RTABLE LIABILITIES			
List the names of creditors for any <u>unsecured</u> loans of \$3,000 c areas of economic activity of each creditor. Do not list credit card regulated financial institutions. If none, check the box.				
None	CONTENT AL CHEST DE TEXT AND CONTENT AND AND CONTENT AND AND CONTENT AND AND CONTENT AND C	materialistica en monerar in mesenta de un menerar en el menerar en menerar un menerar de la destablica de la destablica de la dela del 1900 de la dela del 1900 de la dela del 1900 de la del 1900 de la dela dela dela dela dela dela del		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor		
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Address:				
Name:				
Address:				
PART 5. GIFTS, INCLUDING	TRAVEL AND ACCOMMODATION	DNS		
List the specific source of gifts received during the reporting period	I with an aggregate value of more that	n \$300. If none, check the box.		
None	үүсийг таваа нь эм тогоо болоо боло болоо боло	инивания на на 1364 и 1364 и 1366 и на 1366 на		
Name of Source of Gift	.	Source of Gift		
1.	3.	oberkenn stemmen uns ernem eine erne ein kink is ernek abstätet vir ill kink 1940 in 1942 in 1942 in 1945 in 1		
2.	4.			

List the source of any honoraria accepted for appearances	s or speeches. If none, check the box.	
None		HEISKEISERTÄMININ HEITEKLIIN KORNI INTERHÄNDEN INTERHÄNDEN POR AVIMINAN HAVORAN AVIMINAN HAVORAN HAVORAN HAVORAN (H
Name of Source of Honoraria	Name of S	Source of Honoraria
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2.	4.	enternamentalismuserasuud tenahvasuvillandun van ehikastan elikele dah ehika dah ehika dah ehika dah ekitabak
PART 7. REPRESE	ENTATION BEFORE STATE AGENC	ES.
List each executive branch agency before which you repr box.	resented or assisted others for compensati	ion of any amount. If none, check the
None None	NOAN POR PARTIES (PARTIES PARTIES PARTIES AND	raginas com massa a massa de genera menemena ana disembro menemana adembro di anche de del del del del del del del del del
Name of Agency	Nan	ne of Agency
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Name of Agency 1.	3	me of Agency
2.	4.	
PART 9. INCOME RECEI List the type of economic activity representing each source dependent child(ren) during the reporting period and the k of \$1,000 or more, list his or her name and job title. List or not include gifts.	kind of income represented. If your spouse	by your spouse or domestic partner or e 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
Nama:	1	1
Name:	2	
Job Title:	3	3
Dependent Child(ren) - Job Titles Only		
Job Title:		
lob Title:	The second secon	
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Government after eine eine eine eine eine eine eine ei	Organization/Business and Address		подоставления и подоставления подоста	Position Held By:	Family Member's Name	Compensated?
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		additional page		s if needed). Ind	icate the part or se	ction number for

PART 10. OFFICER OR DIRECTOR POSITIONS