

FEB 15 2012

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)

Maino Hints Comunication

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 INFORMATION		
Name Margaret Crai Mailing address HI Kussell SI City, zip code Lewiston Maine)en_ 04	1240	Office: House District Phone 3-1	Senate 16 8017
PART 1. INCOM	ME DERIVE	D FROM EMPLOYMENT BY AN	OTHER	
List the name and address of each private or pu whom you received compensation of \$1,000 or m				n of the State, from
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Name of Employer	est/positions and where the terminal transition for homeo tra	Address		f Economic Activity
Maire State Legislature	#3	State House Station	Public	Servic 1-e
	all contracts of the section of the			
PART 2. INCOME DE A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity.	r law firm, if		omic activity or prac	
None	E COMPONETTE SO POR INTROCOCTIONAL MACERIANISMO DE CERRENCOCT	amii, saa kuusaa saawaa meniwakakan 1 habiil wikisisisisi Hii Eki venemen enti berenki dana mistan kikasii 1400 MASSA SAASA Wakisii 1400 MASSA WAK	OTTE E STATE OF THE STATE OF TH	орун үзэнхээн ан асам энгэн осоноосон он осоноосон осоноосон осоноосон осоноосон осоноосон осоноосон осоноосон
Name and Address of Business Entity or Law Firm		Major Areas of Economic Activity/ Law Practice (self)	Law (partnership, asso	Economic Activity/ Practice ciation, firm or similar ess entity)
Name: Address:				
Name: Address:	en e	anadama nakannangan menahaladah dalah dalah dalah dan dengan pendahan dan dan dan dan dan dan dan dan dan d	va por o grande de la companya de l	не тисковоровой общения в подовой от для выподательной от для выподательной от достовой со достовой общений от

PART 2 (continued). INCO	ME DERIVED FROM SELF-EMPL	OYMENT.
B. List each source of income derived from self-employm \$1,000, whichever is greater, and specify the principal typ income. If this form of disclosure is prohibited by law, rule, economic activity of the entity or person from whom the income.	e of economic activity of the entity of an established code of professional	r person from whom you derived such
Name and Address of So	purce	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:		
Name: Address:		
PART 3. OT	HER SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Pabox.	rts 1 or 2 of this form. Do not include of	gifts or honoraria. If none, check the
Name and Address of Sc	necessaria de la companya de la comp DUTCE	Kind of Income (investments, leases, etc.)
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PART 4. R	EPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,0 areas of economic activity of each creditor. Do not list credit regulated financial institutions. If none, check the box.		
The state of the s		
Name and Address of Cre	editor	Principal Type of Economic Activity of Creditor
Name: Address:		
Name:	од болго почения на постоя до вого почения на почения н	
Address:		
PART 5. GIFTS, INCLUDI	ING TRAVEL AND ACCOMMODA	TIONS
List the specific source of gifts received during the reporting p	eriod with an aggregate value of more	than \$300. If none, check the box.
None		
Name of Source of Gift 1.	Name 3.	of Source of Gift Characteristic delication and additional and an entered and additional additiona
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P/	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	Source of Honoraria
1.	3.	
2.	4.	######################################
PART 7. REPRESE	NTATION BEFORE STATE AGENCI	IES. R. C.
List each executive branch agency before which you reprebox.	sented or assisted others for compensat	tion of any amount. If none, check the
None		
Name of Agency	Nar	me of Agency
1.	3 .	
2.	on-restrict in the state of the restrict of th	
PART 8. BUS List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or		
Name of Agency	seccesses compresses properties and the conference	о опитем по в Agency
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2.	4.	
List the type of economic activity representing each source	VED BY MEMBERS OF IMMEDIATE e of income of \$1,000 or more received to	by your spouse or domestic partner or
dependent child(ren) during the reporting period and the kir of \$1,000 or more, list his or her name and job title. List onl not include gifts.	ind of income represented. If your spouse	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
Name: James Crawou Job Title: Returnery	1. SS 2. Peusion ge 3.	1. SS Parment 2. Reusian parent 3.
Dependent Child(ren) - Job Titles Only		
Job Title: VA		
Job Title:		
Job Title:		

None		ily member is listed	, indicate your relation	nship and the name	member held the pos of the family membe	
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PART 10. OFFICER OR DIRECTOR POSITIONS