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 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.

LEGISLATOR INFORMATION

Name Jarrod S. Croc	ket1	Offlice: ☐ Senate
Mailing address PO BOX 701	•	District 9/
City, zip code Bethe MF	092/7	Phone 207-875-5075
PART 1. INCOM	E DERIVED FROM EMPLOYMENT B	Y ANOTHER
List the name and address of each private or publ whom you received compensation of \$1,000 or more	ic employer, including the Legislature and re. Specify the principal type of economic	any agency or subdivision of the State, from activity of each employer.
None	n distinta tita un materia de la mente de la mente La mente de la	
Name of Employer	Address	Principal Type of Economic Activity of Employer
Hanley & Asseriates	Sauth Paris, ME	
army Nortican Grand	Camp Keyes, Augusto (433	Noitional Defense
Maine State House of Representatives	2 State House Station Augusta, ME	Government
PART 2. INCOME DER	IVED FROM SELF-EMPLOYMENT O	R LAW PRACTICE
A. List the name and address of your business or derived income. If associated with a partnership, fi activity or practice of that entity.		
None None	на и до постоя на применения в постоя на применения на применения на применения в постоя на применения в посто	$- \frac{1}{2} \left(\frac{1}{2}$
Name and Address of Business Entity or Law I	Firm Major Areas of Economic Ac Law Practice (self)	(partnership, association, firm or similar business entity)
Name: Hanley & associates/Oxtord Ti	tle Real Estate, Probant	e, Real Estate, Civil lityre
Address: South Poins of	tle Real Estate, Probait 1286 Estaile Planning	l'robate
Name:		
Address:		

PART 2 (continued). INCOME D	ERIVED FROM SELF-EMPLO	(MENT
B. List each source of income derived from self-employment or \$1,000, whichever is greater, and specify the principal type of eincome. If this form of disclosure is prohibited by law, rule, or an economic activity of the entity or person from whom the income was	economic activity of the entity or pestablished 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:	атын фонктон ден бон жана даны даны даны даны даны даны даны д	haligas (pumph) (A Garanta Maria (Let Medican Maria (Let Medican (Let Medican Maria (Let
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Address:		
PART 3. OTHER S	SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 obox.	or 2 of this form. Do not include gifts	or honoraria. If none, check the
	adas situatus di 2001 ka kun dilam kala Al-Mala 2014 (Mala kun membabba) di Al-Mahadadad di Jamba pada kadi generiah mperhia mbijand	
Name and Address of Source	n man man man man man man man man man ma	Kind of Income (investments, leases, etc.)
Name: Jarred (rockett Mark Merri	erademi ato como estabellos en acomo es destino e acomo el debe acomo debe acomo debe acomo en destino de seculo de la como en debe acomo en de acomo en del acom	Trases en Rindal
Address: 16 But Xt, Bathel and	1) 32 Thompson Man Road	Inane
Name: Peter and Shains Corwook	andra den del membrat sel medición y notivar notival mengadi in unabritan hicocorreccios desministratorias mendras infocuenciones del	lease-
Address: Little Kratu, Grundy, VA	24614	
Name:	escannes anno anti-un monte de la Marie e francie anti-un accessorar anno en accessorar anno anno en accessora	
Address:		·
PART 4. REPOR	RTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or areas of economic activity of each creditor. Do not list credit card li regulated financial institutions. If none, check the box.		
None	es sich weich (BBC CAM Es sich Anders St. Zie in General Anter Anders St. Zie in Gestellen der St. Zie in Geste	
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	мин (18 ма) и во замения нечествення на доставлення на сероно в сероно в поставлення сероно не сероно не сероно	geography and the specific property of the pro
Address:		
Name:	ORNOGENIAM I EPONYA BIRKU UPBINARA MENTENBARA NA PENANTENIA TOPI ETNI, VILLET LABORANT PROTEST UNIMARA PARAMETRA NA PARAMETRA	megamentara ette veitteventara et egen veija kirjad (elmilik endigen et diserio den diserio del diseri
Address:		
PART 5. GIFTS, INCLUDING T	RAVEL AND ACCOMMODATION	ONS
List the specific source of gifts received during the reporting period	with an aggregate value of more tha	n \$300. If none, check the box.
None		
Name of Source of Gift	LANGE YN DERDE DE DE LEE HOME DE LANGE DE LEE HOME DE	Source of Gift
1.	3.	
2.	4.	

	RT 6. HONORA	14 44 17 But 17 T	
List the source of any honoraria accepted for appearances or	speeches. If non	e, check the box.	DHILLGRABII 8-4 (156 (CITIE) 26/4) II 1970 VIII 257 (DIII) QOPANO ARIMANO PII MANAAN PROPER AARBAAN II AANAA LA SAALI (CITIE) AANAA KARA
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PART 7. REPRESEN		·	
List each executive branch agency before which you repres- box.	ented of assisted	onters for compensation	To any amount. If hone, check the
None	n and state (1971) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974)	20 CASCINING AND WITCH AND SECURITY OF THE SEC	maa kaha mendah Sebeluk da (40 m) Sebali 1994 (1995) (1995
Name of Agency		Name	of Agency
1. Bureous of Corpovations, Sec of	t State 3.		
1. Bureau of Corporations, Sec of Office 2. DHHS -> Maine Care Application tor Elduly Clien	4.		
PART 8. BUSIN	IESS WITH STA	TE AGENCIES	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. Indicate whether you or a			
None	KN HOOSEL. NAMPOOT PPINSSOTTIIN STOOD HOOSELEN KUURPELA LUVUSSA LA LABBO		AND
Name of Agency		Name	of Agency
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2.	4.	g eer Prinsissississis on in ministration and de hirrorden blood of 40.6 (1934) debt 2023 (1955) (1955) debt 2024 (1955)	BOAL BOOK GETTING THE STATE OF
PART 9. INCOME RECEIVE List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind of \$1,000 or more, list his or her name and job title. List only not include gifts.	of income of \$1,00 I of income repres the job title of dep	00 or more received by ented. If your spouse o	your spouse or domestic partner or r domestic partner received income
Name of Spouse or Domestic Partner and Job Title	Representing	g Source of Income eceived	Kind of Income
Name: Paige Crockeff Job Title: Servitary	1. <u>Law</u> F 2. 3.	im	1. Employment 2. 3.
Dependent Child(ren) - Job Titles Only			
Job Title:	execution for children from manage above distribution manages a demandate of stem which list of which	t llubrid de de de dominio de la companyo de	
Job Title:	BANGGIA PERIODO PERSONA PORTE BANGO PERSONA ESTE DA ESPARANTE ESTA DE ESPARANTE DE ESPARANTE DE ESPARANTE DE E	IV was in a desirate appropries appropries and the contract of	
Job Title:			

	fit or nonprofit corporation, firm, association				
held any office,	, trusteeship, directorship, or position of any s compensated. If a family member is listed	nature. Indicate whether	er you or a family r	nember held the pos	sition and whether
□ None	o componented, if a family member is instead	i, indicate your relations	inp and the name		
	Organization/Business		Position Held	Family Member's	BESSELF LEARNES AND SECURITIES SECURITIES AND SECUR
~^^ @@@\`\\``````````````````````````````	and Address	Title	By:	Name	Compensated
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	, ME 04217				
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Please provide	ADDI e any additional information below (and n you are providing. Use additional pag	TIONAL INFORMATI on additional sheets es, if necessary.	\$\$\$\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	cate the part or se	ction number fo
Part/Section Number	The state of the s				
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PART 10. OFFICER OR DIRECTOR POSITIONS