



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.

	LEGISL	ATOR INFORMATION	
Name ANDRE E	Cus,	41NG=IIL	Office: ☐ Senate
Mailing address	21/		District 39
Name ANDRE E Mailing address PD BOX C City, zip code MAMPDEN	, m	8 04444	Phone 358-9447
PART 1. INCOM	IE DERIV	ED FROM EMPLOYMENT BY AN	OTHER
List the name and address of each private or pub whom you received compensation of \$1,000 or mo	olic employe ore. Specify	er, including the Legislature and any y the principal type of economic activit	agency or subdivision of the State, from y of each employer.
None	CERTIFICATION CONTRACTOR CONTRACT	(UEEEE, N. S.	EEGERETTETEENNEETENEETENEETEN EETEN ANDERSTEN ALLEGEREN ALLEGEREN ALLEGEREN ALLEGEREN ANDERSTEN ALLEGEREN EEN E
Name of Employer	NAMES AND THE STREET OF T	Address	Principal Type of Economic Activity of Employer
CUSHING FAMILY CORP	P,0	, BOX603 /hmpden	INESTMENTS! R.E. LAND LENTAL
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	NET THE SHEET OF THE SHEET		
			7
PART 2, INCOME DER	RIVED FRO	OM SELF-EMPLOYMENT OR LA	W PRACTICE
A. List the name and address of your business or derived income. If associated with a partnership, tactivity or practice of that entity.			
None	PPCCHUMENTANDALINASIAN (1000A	the season and the season of t	ENDERFORMEN AND ENDERFORMEN AND ENDERFORMEN ENDERFORMEN ENDERFORMEN ENDERFORMEN EN FORMEN ENDERFORMEN EN ENDERFORMEN ENDERFORM
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: ERA DAWSON BRAD Address: 417 MAIN ST BA	NEON	REAL ESTATE	
Name: COUNTAL CONTRACTION Address: P.D.BOX 867 HAMPDEN	16- ext	Home BULLDING	
INNIPUEN		P - (- 7) (1)	!

PART 2 (continued). INCOME D	ERIVED FROM SELF-EMPLOY	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 eeconomic activity of the entity or person from whom the income was	conomic activity of the entity or pe stablished code of professional ethi	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: NEW ENGLIND FORST PR Address: P.D. BOX 727 HAMPDE	DV CTI	FOREST PRODUCT
Name: Address:		
PART 3. OTHER S	OURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 or box.	2 of this form. Do not include gifts	or honoraria. If none, check the
None		ing gangagan memigan kangunak salah rahanan menggipi di mendambi salah dibibi kerimin berbelah dibibi. Mangalang di keriman pendambi salah sa
Name and Address of Source	KILI ANTIK (ILIKOTAN-ANTA AT WITON PATOTA MAGALA-AN TUNANGKA III KILIK III KUU UTU UTUK ERWAK ANKAN KANAMININ PA	Kind of Income (investments, leases, etc.)
Name: CUSHING FAMILY CO	orp.	INVESTMENT!
стотного и пототного и положения на на принципалний на при	M. Car Designation and a second contract of the second contract of t	P.E. JAND, RENTAL
Name: Address:	7	
Name:	от пот на населения на поточно пот не пот на	audiosoggi (propriema njeme vervezere njego) (progresi progresi pr
Address:	And the second s	
PART 4. REPOR	TABLE 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 lie regulated financial institutions. If none, check the box.		
None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name: Address:	TO THE PARTY OF TH	
Name: Address:		
PART 5. GIFTS, INCLUDING TI		
	- Company of the state of the s	
Name of Source of Gift	Name of S	Source of Gift ·
1. NCSL	3. FAMILY	autummys-varimusen amerikaassusemast raimeness-varimust trakmatikalaisellel 7n kornatsiälsälliselleilailailaik
COPAC	4.	uuraanseessaanen vastakaksessä eläväsi elokevaisen tävästä kää elä 1950 (1970–1956). ET 1955 (1967) (1967) (19

	ART 6. HONORARIA	
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
None Name of Source of Happroxio	TERRET GEOGRAFIES COST PERSON ESTA ANALANA ANALANA ANALANA ANALANA ANALANA ANALANA ANALANA ANALANA ANALANA ANA	ramonorial dancia van delocii in sociote e composito del composito del composito e composi
Name of Source of Honoraria		Source of Honoraria
1.	3.	
2.	4.	HETPHENTISCHEN A.S., 2-0-0-6-C. A.P. ST. A.P. ST
	NTATION BEFORE STATE AGENCI	
List each executive branch agency before which you repre box.	sented or assisted others for compensati	ion of any amount. If none, check the
None		
Name of Agency	Nan	me of Agency
1.	3.	
2.	$oldsymbol{4}$	one of the contract of the the third in th
	INESS WITH STATE AGENCIES	
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or	iber of your immediate family sold goods a family member sold the goods or servic	or services with a value in excess or ses. If none, check the box.
None		
Name of Agency	To Company to the contract of	me of Agency почения
1.	3.	*
2.	4.	
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kin of \$1,000 or more, list his or her name and job title. List only	nd of income represented. If your spouse	by your spouse or domestic partner or a condition or domestic partner received income
not include gifts.	// PRINCIPAL TRANSPORT PRINCIPAL PRI	DINAMINE AT RAMPHAM RESIN AND RESISTANCE FOR SOME OF THE SECOND POST O
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity. Representing Source of Income Received	Kind of Income
Name: GWEN CUSHING Job Title: 3UPERVISOR	1TBZECDMMUNICATA 2	out SALARY
Job Title: 3UPERVISOR	2	2
OTECO COMMUNICATIONS	3.	3/
Dependent Child(ren) - Job Titles Only		
Job Title: ANDRE E. CUSHING - WALTERS CHOND CLEARING. Job Title: GERALD S. CUSHING	FOOD SERVICE TREE TAIN	WASES/TIPS
Job Title: GERALD S. CUSHING	FOOD SERVICE, TREE TAN	uming WRGES/TIPS
Job Title: GOLDE CUSHING	FOOD SANICED	WAGES /DILIFEE

☐ None						
enteren enteren en enteren ent	Organization/Business and Address	теприлетова по постоя на посто Title	Position Held By:	Family Member's Name	Compensated?	
AND. CUSHI	NE FAMILY CORP	DIRECTOR	WIFE	GWEN	185	
CUSHIA	16 FAMILY CORP.	OFFICER DIRECTOR	SEZF	ANDRE	YES	
(1) ANDRE	11 11 E. CUSHING COPP.	OFFICER DIR	BAUGHTER	GLAGE	VB5	
		SIGNATURE				
A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A) The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) Signature						
ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number fo the information you are providing. Use additional pages, if necessary.						
Part/Section Number						
					-	

PART 10. OFFICER OR DIRECTOR POSITIONS

List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family member held the position and whether the position was compensated. If a family member is listed, indicate your relationship and the name of the family member.