FEB 1 3 2012

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office:

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775



Name

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

DOUGLAS KETTH D	MOMON	√	☐ House ☐ Senate
Mailing address	•		District
59 17# ST		er en	16
City, zip code			Phone
BANGOR 04	1/11	80p	207-949-4735
DINGOR 07	701		
PART 1. INCOM	/IE DERIV	ED FROM EMPLOYMENT BY AND	THER
List the name and address of each private or pul whom you received compensation of \$1,000 or mo	blic employore. Specif	er, including the Legislature and any ag y the principal type of economic activity	pency or subdivision of the State, from of each employer.
None	or experience to the experience of the entire control of the entir	EBEEEEEE 1944-1944-1950-14-1650-14-16-18-18-18-18-18-18-18-18-18-18-18-18-18-	**************************************
Name of Employer		Address	Principal Type of Economic Activity of Employer
LEGISLATURE STATE OF MAINE	2 ST1	ATE HOUSE STATION, AUGUSTA	LEGISLATIVE ACTIVITY
REALTY OF MAINE	458	MAIN ST BANGOK ME	REAL ESTATE
DEAT OF DEFENSE		STA. ME	MAINE AIR NAT- GUARD
DEPT OF DEFENSE	1	WGTON D.C.	V.S. GOUT CIVIL SERVICE
PART 2. INCOME DEF	RIVED FR	OM SELF-EMPLOYMENT OR LAW	/ 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	CONTRACTOR AND		сти бана в бальный постоя постоя в пос Сти в постоя в посто
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: REALTY OF MAWE			
Address: 458 MALN ST. BANGO	R. ME	REAL ESTATE	THE ESTY TEAM
Name:			
Address:			

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOY	MENT	
B. List each source of income derived from self-employment or i \$1,000, whichever is greater, and specify the principal type of ec income. If this form of disclosure is prohibited by law, rule, or an es economic activity of the entity or person from whom the income was	onomic activity of the entity or pe stablished code of professional ethi	rson 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:			
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	t entre trada til til stor til til stor	valuement and the second secon	
Name and Address of Source	isati ka katalah ka dimensi dilah melalah dia katalah ka didak ka didak ka didak ka perdapan kelalah ka didak k	Kind of Income (investments, leases, etc.)	
Name:	m. Nebrokovski sk		
Address:	o myses		
Name:		e en	
Address:	mander print (em.) 40 km		
ментерия на применти в применти		NILIAANNIN KIRIONAANIAANIAANIAANIAANIA TOO TOO TOO TOO TOO TOO TOO TOO TOO TO	
Address:	Andrework Activities		
PART 4. REPORT	TABLE LIABILITIES		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or rareas of economic activity of each creditor. Do not list credit card lial regulated financial institutions. If none, check the box.			
None	Palmini Ambalan pasihin di ini makasa wakata kasibabi kenilampunia kunistini mna ta uni antat bemisik di kunyak ilikebul	GANAGONAL 40633 00763 00 00760 00777 00760 00760 00760 00760 00760 00760 00760 00760 00760 00760 00760 00760 0	
Name and Address of Creditor		Principal Type of Economic Activity of Creditor	
Name:	онностью под принципального принципального под прин		
Address:			
мате:	TO MINING THE PERSONNEL THE PROPERTY AND THE PROPERTY OF THE RESEARCH AND THE PERSONNEL AND THE PERSON	and, which does not the section of the street and an executive vice the executive and executive in the executive and executive a	
Address:			
PART 5. GIFTS, INCLUDING TR	AVEL AND ACCOMMODATIO	NS	
List the specific source of gifts received during the reporting period w	th an aggregate value of more thar	\$300. If none, check the box.	
None	**************************************	ramanimenen eti mer salmen ar eti denen kolo molo della Oli kananamo in salme eti kolo 2012/2014 mila della 2003/31 (1.000/4) (1000/2016/31)	
Name of Source of Gift	น้ำ เราะสายสายสายความสายความสายความสายความสายความสายความสายความสายความสายความสายความสายความสายความสายความสายควา	Source of Gift	
1.	3.		
2.	4.		

	ART 6, HONORARIA	
List the source of any honoraria accepted for appearances of	or speeches. If none, check the box.	MIGANIS POLICIA MATERIA POLICIA POLICIA POLICIA POLICIA POLICIA E ESPACA E ESPACA A SER ANTIGO A
None Name of Source of Honoraria	чествен напасамизмортичественного принаментического принаментического принаментического принаментуру принамент Ната of (39-bihanningan-orthunas vitetti pilletti pillett
Name of Source of Honoraria 1.	NOTION TO THE PROPERTY OF THE	Source of Honoraria
1.	3.	
2.	CONTROL OF THE PROPERTY OF THE	100044022022222222222222222222222222222
2.	4 .	
DADT T DEDECK	A THE ACTION	
	NTATION BEFORE STATE AGENCIE	
List each executive branch agency before which you repres	sented or assisted others for compensation	on of any amount. If none, check the
None	. Sobre throw an information and the proposition of the proposition of the first and the same and the transmission and the proposition of the same and the same a	and the state of t
Mame of Agency	n to the state of	me of Agency
1.	3.	TO UT AGENCY
	. J .	
2.	4.	$2^{m} (r^{-1}) (r^{$
2.	4.	
DADT O DIO	And Market	
	INESS WITH STATE AGENCIES	The state of the s
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or	ber of your immediate ranning solu goods a family member sold the goods or service	or services with a value in excess or ces. If none, check the box.
None		06/pi66/pi66-ep-4-t0-00-00-00-00-00-00-00-00-00-00-00-00-
Name of Agency Note the second secon	от пот нет того при в стору с не при рассии в странительной обтору с не при не	ne of Agency
1.	3.	
	TO THE THE PROPERTY OF THE	ettiektäää (Stituta läiduna kokona 11.1 koonaanna maanna kokki 1790 ta 1800 läätään kää Palaksia tai 17 koonaa Täänä
2.	4.	
PART 9. INCOME RECEIV	ED BY MEMBERS OF IMMEDIATE F	FAMILY
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 not include gifts.	e of income of \$1,000 or more received by	by your spouse or domestic partner or 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: CHERYL DANOU	1. <u>RESTAVEAN T</u>	1. <u>SALARY</u>
Name: CHERYL DANOU Job Title: GFFICE MGR	2	2
	3	3.
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		
Job Title:		And the second and the second of the second

☐ None						
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?		
FRIENDS OF MAINE HOCKEY UNIVERSITY OF MAINE BRUIVO, NG	S'eerbtar!	መና ድ መ	CHERYL A	NO		
BLACK BEAR BOARD OF ATHLETIC ADVISORS UNIVERSITY OF MAINE ORING, ME	NEMBER	Self	MET PARTICULAR ANNO EST TEMPORA DE PETRO ESTA PETRO ESTA PARTICULAR ANNO	WO		
MAINE ANG AGRO CLUB 59 17 TH ST MANGOR. ME 04401	PRES.	self	The Committee of the Co	KO		

Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Use additional pages, if necessary. Part/Section Number