

Name

JAN 17 2012

Maine Ethics Commission

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

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

Mailing address Bla Townhouse Ra City, zip code Sangeaville, 0447		House ☐ Senate District 26 Phone 876-4047
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 a re. Specify the principal type of economic ac	ny agency or subdivision of the State, from
None ·		
Name of Employer	Address	Principal Type of Economic Activity of Employer
Maine State Legislature	and a property of the second and the	Movernment and the second seco
PART 2. INCOME DERI	IVED FROM SELF-EMPLOYMENT OR	LAW PRACTICE
A. List the name and address of your business or derived income. If associated with a partnership, finactivity or practice of that entity.		
☐ None		apaden Principal (Establish and Principal Prin
Name and Address of Business Entity or Law F	Firm Major Areas of Economic Active Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)
Name: PAUL+ PATRICIA DAVIS Address: SANGERVILL, M.	Rental Paropenty	
Name: Mano Stati Legislahae Address: Augusto, M.	Legislator	

PART 2 (continued). INCO	ME DERIVED FROM SE	LF-EMPLOYN	VENT		
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, a economic activity of the entity or person from whom the incor	pe of economic activity of the or an established code of pr	he entity or per	rson from whom you derived such		
Name and Address of Sc	DUFCE	NAMES AND ADDRESS OF THE STATE	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income		
Name:	Mikitan-aithibidi Silainin hidainn Amhaini (Pantain an Amhain an Comandan ag companya gang 1995 (1995) (1995)	Paladaki ANTAN CAMBURY PARTY ANTO PARTY CAMBURY AND PARTY CAMBURY	THE CONTRACTION AND A CONTRACT HOUSE HE CONTRACT HE CONTRACT CONTRACT HE CONTR		
Address:	WITH THE THE THE THE THE THE THE THE THE T	A STATE OF THE STA	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER		
Name:		A VANDAGE OF THE PROPERTY OF T			
Address:		V. comb. only v. dudino.			
PART 3. OTI	HER SOURCES OF INCO	OME			
List each source of income of \$1,000 or more not listed in Pabox.	arts 1 or 2 of this form. Do no	ot include gifts o	or honoraria. If none, check the		
None					
Name and Address of So	ource	10000	Kind of Income (investments, leases, etc.)		
Name: Maine Publice Employers Retinen. Address:	The first of the state of the s	Retinement			
Name:	ээд эхэгдэг Ад үх үний хүч үний хүү хүн хүх хүч хүргэг хүх хүр хув хув хүр хув	NOTIFIED BOOK OF SHOULK IN THE WAY A CONTROL OF SHOWN AND A CONTROL OF SHOULK IN THE S			
Address:		Ab design faith was at the			
Name:	.	en mener er-menererere er en	details, details and the subset of the sub		
Address:		r des with verming pass			
PART 4. R	EPORTABLE LIABILITIE	ES.			
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.	000 or more that you receiv card liabilities, educational le	ed during the recent oans, loans from	eporting period, and list the major n a relative, or business loans from		
		TOP CONTROL PARTY AND	(1985) (1964) (1995) (1		
Name and Address of Creditor			Principal Type of Economic Activity of Creditor		
Name:	SUPPLIES AND PROCESS AND PROCESS AND ADDRESS AND ADDRE	Principle of the State of the	HOPSIGNORIEN THROUGH LITE ON MINISTER AND		
Address:		dermidiken mena			
Name:	- NASY ANTH-I LENTIS GALVER (MILLAN) A SARPER MET A LAND POR SARIA SARIA AND ANTH-I MARKATAN ANTH-I MARKAT	. सहाराज्यस्य साववाराज्यस्य साववाज्यस्य साववाज्यस्य साववाज्यस्य स्थानस्य स्थानस्य साववाज्यस्य स्थानस्य स्थानस्य स्थानस्य	en la descripción de la company de la compan		
Address:		Anna			
PART 5. GIFTS, INCLUDI	ING TRAVEL AND ACC	IOITADOMMC	NS		
List the specific source of gifts received during the reporting p	eriod with an aggregate valu	ue of more than	\$300. If none, check the box.		
None					
Name of Source of Gift	where we will see where the content of the conten	Name of So	ource of Gift "		
1.	∤ 3.				

PA	ART 6. HONORARIA				
List the source of any honoraria accepted for appearances		Activities (Control of Control of			
None					
Name of Source of Honoraria	Name of S	ource of Honoraria			
1. Non	3.				
2.	4.				
PART 7. REPRESEN	NTATION BEFORE STATE AGENCIE	s diameter			
List each executive branch agency before which you repre box.	sented or assisted others for compensation	on of any amount. If none, check the			
None		lar kanan 40 жылды. Шимеций шарги үчиштү ришүнүнин езунгу канардарарда түшүү жаны мемлеке мемлеке байлайда кал			
Name of Agency	Nam	ide of Agency who are an individual and the second of the			
1. None	3.	3.			
2.	4.				
PART 8. BUS	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	nber of your immediate family sold goods a family member sold the goods or service	or services with a value in excess of es. If none, check the box.			
		$A = \frac{1}{2} \left(\frac{1}{$			
Name of Agency	enterface de la company de responsable de la company de la compa	e of Agency 			
1. None					
2.	4.				
PART 9. INCOME RECEIV	VED BY MEMBERS OF IMMEDIATE I	-AMILY			
List the type of economic activity representing each source 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.	nd of income represented. If your spouse	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	1	1			
Name:	2	2			
Job Title:	3	3			
Dependent Child(ren) - Job Titles Only					
Job Title:					
Job Title:					
Job Title:					

the position was	s compensated. If	a family member is	f any nature. Indicate wh listed, indicate your relati	onship and the name of	of the family member	F.
None None	Organization/B	tarikan terberahan hankan pepangangan pengangan ba	PROCESSORY TO THE	Position Held	Family Member's	HATENNYK I I I I I I I I I I I I I I I I I I I
	and Addre	ss	Title	By:	Name	Compensated?
Spulsman	Allainec 6	d Maire	TREASUREN	Proul Davis So		No
	MTNOBARALININA (1994)	3 (CETOM 1800) 1900 A Colombia Sara a aray a a a a goraga				2008. a 20 f de f. Auf y de Arma, de 2008. de 20 de les viernes de mandre hande de manuelle manuelle manuelle
The State of		STEELEN TOOLS AND TOOLS AN				
			SIGNATURE			
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Please provide the information	e any additional i you are providi	nformation below	DDITIONAL INFORM (and on additional shed pages, if necessary.	5.7.7.7.5.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7	ate the part or se	ction number fo
Part/Section	700 S 6 F 8 M A 3 A 4 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5					