

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

Office: 45 Memorial Circle, Augusta, Maine

JAN 17 2012

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Website: www.maine.gov/ethics Phone: 207-287-4179

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## 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			Office:
James F. Dill			N House ☐ Senate
Mailing address			District #14
72 Sunget Dr			* 14
City, zip code			Phone
Old Town, ME	- /	94468	207-8-27-3498
			0.01
PART 1. INCOM	IE DERIVI	ED FROM EMPLOYMENT BY ANG	OTHER
List the name and address of each private or pul whom you received compensation of \$1,000 or mo			
None			
Name of Employer		Address	Principal Type of Economic Activity of Employer
Maine State House of	ا دست ا	1 11 011	
	234	ate House Station	Government
Representative	Aur	usta, Maine	
Representatives University of Maine	1.01	ate House Station nota, Maine College Ave	
Cooperative Extension			
COOPERATIVE OF TENSION	Uro	no, ME	
		•	
			1
PART 2. INCOME DEI	RIVED FRO	OM SELF-EMPLOYMENT OR LAV	V PRACTICE
A. List the name and address of your business o	r law firm if	any and list the major areas of econo	mic activity or practice from which you
derived income. If associated with a partnership, activity or practice of that entity.			
None	eroen een stad gegeneel en Noester, zet stad een stad soo 500 een fer	доре (1 мед 1,1 мед 2,1 мед 2,1 - Потом на применения при	атемникан он-менения шени и эки ни изоприненностью си от напечаностью заказывающей на эки обыской собо собо собо собо собо собо собо со
randominante e en randominante	A THE RESIDENCE OF THE PROPERTY OF THE PROPERTY OF THE		Major Areas of Economic Activity/
Name and Address of Business Entity or Law	Firm	Major Areas of Economic Activity/ Law Practice (self)	Law Practice (partnership, association, firm or similar
	~ (************************************	Law Flactice (Sett)	business entity)
Name:			
Address:	188710000000000000000000000000000000000		
Name:			
Address:			

PART 2 (continued). INCOME D	DERIVED FROM SELF-EMPLOYMENT
\$1,000, whichever is greater, and specify the principal type of e	law practice that represents more than 10% of your gross income or economic activity of the entity or person from whom you derived such established code of professional ethics, specify only the principal type of s derived.
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 9	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
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: James F. D. 11	Rental proporty
Name: Tames F.D. 11 Address: 3 Beech St Cardina, ME 04345	
Name:	
Address:	
Name;	
Address:	
PART 4. REPOR	RTABLE LIABILITIES
	more that you received during the reporting period, and list the major iabilities, educational loans, loans from a relative, or business loans from
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	
Address:	
PART 5. GIFTS, INCLUDING T	RAVEL AND ACCOMMODATIONS
List the specific source of gifts received during the reporting period	with an aggregate value of more than \$300. If none, check the box.
None	
Name of Source of Gift	Name of Source of Gift  3.
1	
2.	4.

PA	ART 6. HONORARIA	
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.	
None	COMMANDATION OF THE STATE OF TH	nggerman e e nimininina in e le del del como la como l
Name of Source of Honoraria	Name of Sc	ource of Honoraria
1.	3.	
2.	$oldsymbol{4}.$	(GEOLOGICAL COMPANISTANCE) (GEOLOGICAL COMPANISTANCE COMPA
PART 7. REPRESE	NTATION BEFORE STATE AGENCIE	s
List each executive branch agency before which you repre box.	sented or assisted others for compensatio	n of any amount. If none, check the
		$1 \leq q \leq q \leq p \leq q \leq q \leq q \leq q \leq q \leq q \leq q$
Name of Agency	Name	e of Agency
1.	3.	
2.	4.	и и сторов и бого до поворов в водо в водо в вод в
	INESS WITH STATE AGENCIES	or convices with a value in every of
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or		
None		KARZIBATINININININININININININININININININININ
Name of Agency	Name	e of Agency
1.	<b>3.</b>	
2.	4.	
DARTA INCOME DECEN	/ED BY MEMBERS OF IMMEDIATE F	AMIL V
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.	e of income of \$1,000 or more received by nd of income represented. If your spouse by the job title of dependent children who re	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: Jane M.D.//	1. Covernment 2.	1. Employment 2.
Job Title: Quality Control Investigator	3.	3.
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		
Joh Title		

] None	s compensated. If a fami	-onardonimos es encuente en manus commune en en pop per gran es el campo en presente en presente en en present	omrammen en e	NET SEEL IN CHEET MAN THE SEEL AND AND CHEET SEEL IN CHEET AND AND CHEET SEEL	о	
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