

JAN 17 2012

Maine Ethics Commission

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 MARK N DION			Office: House	☐ Senate
Mailing address			District	
City-zip code			//3	
Portion Me 04103				6341
		· · · · · · · · · · · · · · · · · · ·		
PART 1. INCOM	ME DERIVI	ED FROM EMPLOYMENT BY AND	THER	
List the name and address of each private or pul whom you received compensation of \$1,000 or m				
☐ None			THE WAS CONTINUED TO STATE OF THE PROPERTY OF	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER
Name of Employer		Address	Principal T	ype of Economic Activity of Employer
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He Singe Huse of Rep. Husson University		L Porthas Me	ARJ41 13mu	ir Iry
PART 2. INCOME DE	RIVED FR	OM SELF-EMPLOYMENT OR LAW	PRACTICI	
A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity.				
☐ None	ON INCOME THE PARTY OF THE PART	AND THE PERSON OF THE CONTROL OF THE		
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: Benry Mo DION, LLC	A ANGELIS MET ELECTRICAL STORM	limonion civil and	/nw	permice
Address: 97 Invin ST Parthon Me 041	0)	CRIMINA	THIST WIRK	
Name:		And the second s		
Address:				

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOYME	NT
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	conomic activity of the entity or personal stablished code of professional ethics,	n from whom you derived such
Name and Address of Source	A	Principal Type of Economic ctivity of Entity or Person Who is the Source of the Income
Name:		учто учто для в том не
Address:		
Name:	ACCIONAM TRICINIO NECESAR CONTROL ACCIONE DE COMPRENIE PARA EL RECURS DE CONTROL ACCIONAM POR RECURS PARA EL RE	ordioenderen Monten (Marie Common Merikan) dat det de 22 de novembre de la common de 25 de novembre de 1900 de
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 h	onoraria. If none, check the
None	A reservation of the Contract	Kind of Income
Name and Address of Source	$w_{0} = (x_{0}, x_{0}, x_{0}$	(investments, leases, etc.)
Name: MPERS	H	unupod removed
Name: MPERS Address: Aurusia, He		(police affice)
Name:		
Address:	2000	
Name:	APPLIANT PROTECTION OF THE PRO	$p_{ij}(x_i,y_j) = \frac{1}{2} \left($
Address:		
PART 4. REPORT	TABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or nareas of economic activity of each creditor. Do not list credit card lial regulated financial institutions. If none, check the box.		
None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	СТЕН НЕ СЕ БОННИ МОГИТО В НЕ ПОЛОМЕ ДО ИТЕЛЬ ПО ТЕПЕЗА О МЕТИТИЧЕНИЯ ПО СТЕНИТИ ПО В ПОСТИТИТИТИ В ПОСТИТИТИТИТИТИТИТИТИТИТИТИТИТИТИТИТИТИТИ	и в водина на производителя сторов на водина в на общение общение общение общение общение общение общение обще
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Address:		
PART 5. GIFTS, INCLUDING TR	RAVEL AND ACCOMMODATIONS	
List the specific source of gifts received during the reporting period wi	ith an aggregate value of more than \$3	00. If none, check the box.
None		на мерения с чем на на настания с на наста устания (до групца на предоставления до групца до групца на настания на
Name of Source of Gift	Name of Sour	ce of Gift филомобильный подамованный принципальный принц
1.	3.	
2.	4.	

	ART 6. HONORARIA	
List the source of any honoraria accepted for appearances	s or speeches. If none, check the box.	DOTTO CANADA MATERIA (MESSANI MESSANI MES
None	опительного индертивного продуствення при	TOCKTONISTITITITI (MATTER CONTINUE CONT
Name of Source of Honoraria	Name of	Source of Honoraria
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	4.	aaduutussa helikkuussa eelektiitorin kalaliisista kaliiisistoin kakkii 1840 90 käkkiilisen elektiin kakkiilise
PART 7. REPRESE	NTATION BEFORE STATE AGENC	IES TO THE STATE OF THE STATE O
List each executive branch agency before which you reprobox.	esented or assisted others for compensat	tion of any amount. If none, check the
None		
Name of Agency	Na	me of Agency
1.	3 .	
2.	он меня в в в так в нате и гор до поличения в пред на при до под пред на пред	a association and a sacretic removement is a removement as a survival and activity of the contract of the Self-Order
PART 8. BUS List each executive branch agency to which you or a mer \$1,000 during the reporting period. Indicate whether you o		
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ти на при на приняти	3.	довод су дород 10-те на насе единарион у мене 400-грани и неография на надрогод до от ед того е единарион и пот
	4.	
PART 9. INCOME RECEIVATION PART 9. INCOME PART 9. INCO	ind of income represented. If your spous	by your spouse or domestic partner or e 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: Chenyl A. Dio	1. NUVLSING 2.	1. employment 2.
Job Title: Remotices MUZSE	2. 3.	3.
Dependent Child(ren) - Job Titles Only		
lob Title:	and the second s	
Job Title:		
	**************************************	- CONTRACTOR CONTRACTO

None						
The same of the sa	Organization/Business and Address		Title	Position Held By:	Family Member's Name	Compensated?
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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