

JAN 17 2012

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 INFOR	MATION			
Name				Office:		
//moTHY DRISCOLL Mailing address /// MONROE AVENUE				☑ House ☐ Senate		
111 MONROE AVENUE				126		
City, zip code				Phone		
WESTBROOK 040	092_			207-856-7014		
PART 1. INCOM	/E DERIVI	ED FROM EM	PLOYMENT BY AN	OTHER		
List the name and address of each private or put whom you received compensation of \$1,000 or mo						
None		a a na managa a a managa ang managa ang managa ang managa ang manga ang manga ang manga ang manga ang manga an		THE REPORT OF A STATE THAT THE STATE OF THE		
Name of Employer		Addre	er op specimentalisen in de state en	Principal Type of Economic Activity of Employer		
Mercy Hospital	Po	rtland	Maine	Healthcore		
			\$\$P\$ \$10,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000			
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PARTA MACHERIA			DI OVMENT OR LAN	A PRACTICE THE REST OF THE REST		
PART 2. INCOME DEF	KIVED FRO	JM SELF-EIM	PLOYMENT OR LA	WPRACTICE		
A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity.						
None	is (1 a comment s control e 13 d de la reconstruita de la computación de la computación de la computación de l	H. Common San San San Common Statement & Common Statement (Common Statement Statement)	T-VENNENTE AT EIN GERFALLEN EIN ZUR FREIBER GER GERFÄLLEN MELLIGE EIN VENNETE BERTREIBER WERDE WERAL GERÄUFE	ON CONTRACTOR OF THE PROPERTY OF THE CONTRACTOR OF THE CONTRACTOR AND A CONTRACTOR OF THE CONTRACTOR O		
Name and Address of Business Entity or Law	Firm		of Economic Activity/ Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)		
Name:	- The second	The second secon	- ATT CONTROL TO SOME THE AND CONTROL OF THE SOUTH OF THE	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER		
Address:						
мате:	KA PERIOTA TERMINATI KANTAN PRIBANIKA TERMINA	SECTION OF THE PROPERTY OF THE	nd designations designated estate for the convent of the convention of the convention designated and convention of the c	$7911 + C_{1}^{2} + C_{2}^{2} + C_{3}^{2} + C_{3}^{2}$		
Address:						
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PART 2 (continued). IN	COME DERIVED FROM SELF-EMPLOYMENT
\$1,000, whichever is greater, and specify the principal	syment or law practice that represents more than 10% of your gross income type of economic activity of the entity or person from whom you derived sule, or an established code of professional ethics, specify only the principal type acome was derived.
Name and Address of	Principal Type of Economic Activity of Entity or Person Who the Source of the Income
Name:	
Address:	
мате;	
Address:	The state of the s
	OTHER SOURCES OF INCOME
box.	Parts 1 or 2 of this form. Do not include gifts or honoraria. If none, check the
None	Kind of Income
Name and Address of	Source (investments, leases, etc.)
Name:	
Address:	
Name:	With the final final debt of the contract and the contract of
Address:	
Name:	
Address:	
PART 4.	REPORTABLE LIABILITIES
	33,000 or more that you received during the reporting period, and list the majedit card liabilities, 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:	
можения в портига в порти	
Address:	
	JDING TRAVEL AND ACCOMMODATIONS
	g period with an aggregate value of more than \$300. If none, check the box.
Name of Source of Gift	Name of Source of Gift
Name of source of officers and a distribution of the confidence of	Natifie of Source of Gift  3.
2.	4.

PA	ART 6. HONORARIA	
List the source of any honoraria accepted for appearances of	the contract of the state of th	******
None	Abundah Shibidh Allifornsa ann ak Leon ann alon a neungi quaya, mpuran perengan yang 120 (2000) (200	1258EEAACEA AASEEEA CALLA AAA AA AAA AAA AAA AAA AAA AAA A
Name of Source of Honoraria	Name of Sc	Durce of Honoraria
1.	3.	
2.		NEW YORK TORK PARTICULAR STATES AND
PART 7. REPRESEN	NTATION BEFORE STATE AGENCIES	<b>S</b>
List each executive branch agency before which you repres box.	sented or assisted others for compensation	n of any amount. If none, check the
None	AMERICAN PROPERTY OF THE PROPE	
Name of Agency	Name	e of Agency
1.	3, · ·	united to control of the control of
2.	4.	(MARTING Print (Girls Geregia-valence) контонно у ститично моги по высотности на причителна на повет съда на пове
	NESS WITH STATE AGENCIES	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. Indicate whether you or a	per of your immediate family sold goods of a family member sold the goods or service	or services with a value in excess of s. If none, check the box.
PI-None  The control of the control		AFFARMENTATION OF THE STATE OF
Name of Agency	РУГР 18 СС 10 СС 10 СС 10 СС	e of Agency
1.	3.	
2.	4.	And the Control of th
	ED BY MEMBERS OF IMMEDIATE FA	
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kind of \$1,000 or more, list his or her name and job title. List only not include gifts.	d of income represented. If your spouse of	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: TINA Driscoll Job Title Certified Registered Nurse Anesthefast	1. CMMC-Anesthesie Dept. 1.2.	1. <u>Salary</u> 2
Job Tille (extitued Registered Nurse Anesthatus)	3	3.
Dependent Child(ren) - Job Titles Only		
Job Title: Mallory Drisco 11	Hostess	Howly
Job Title:		
Job Title:		

Organization/Business and Address  SIGNATURE  **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 filling of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator rillfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)  **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 filling of a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)  **Legislator who willfully fails to file a required statement is a Class E crime. If the Commission concludes that it appears that a Legislator rillfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)  **Legislator who willfully fails to file a required statement is a Uppear of the Commission concludes that it appears that a Legislator rillfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)  **Legislator who willfully fails to file a required statement is a Uppear of the Commission concludes that it appears that a Legislator rillfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1017-A)  **Legislator who willfully fails to file a required statement is a Uppear of the Commission concludes that it appears that a Legislator rillfully filed a false statement is a Uppear of fails and the Commission concludes that it appears that a Legislator rillfully fails to file a required statement is a Uppear of fails and the Commission concludes that it appears that a Legislator rillfully fails to file a required statement is a Uppear of fails and the Commission concludes that it appears that a Legislator rillfully fails to file a required statement rillfully fails to file a required statement rillfully fails t	held any office,	it or nonprofit corporation, firm, associa trusteeship, directorship, or position of compensated. If a family member is I	any nature. Indicate whe	ether you or a family	member held the pos	ition and whether		
SIGNATURE  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) file intentional filling of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator in illfully filed a failse statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)  ADDITIONAL INFORMATION  Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number the information you are providing. Use additional pages, if necessary.	None None							
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PART 10. OFFICER OR DIRECTOR POSITIONS