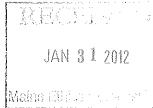
2011 Calendar Year





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

Office: 45 Memorial Circle, Augusta, Maine 04333

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.

	LEGIS	LATOR INFORMATION			
Name			Office:		
Larry C. Dunphy		☑ House ☐ Senate			
Mailing address			District		
P.O. Box 331			88		
City, zip code	O4958 .0331		Phone 207 : 399 : 4163		
North. Anson			201. 377 7703		
PART 1. INCO	ME DERIV	ED FROM EMPLOYMENT BY AN	OTHER		
List the name and address of each private or p whom you received compensation of \$1,000 or	oublic employ	ver, including the Legislature and any a	gency or subdivision of the State, from		
None	ry nymoj w ryjnyng garjoronoma ne a spalamonie sankad 1282 P.3	+ 6.04662 With the Contract And Contract A	Principal Type of Economic Activity		
Name of Employer	Address		of Employer		
Madison Paper Industries	129 MAI	USI. DN, MC, O4950	PAPER PRODUCTION		
111013014 Tabet 1110 05111 03	PANOISO				
Maine State House of Representatives		House Station	govarnment		
TIATIR SIME HOSE OF THE COURT	Augusta, Me.		3		
	etyjijijan jagu je pronjenjen komunej s neumonob ni.	men) shamad debeshil (1400-441) Million Million (1400-441) Million (14	44 Filiping recommence (4 to the september 8) on the high 25 A State (4 to the september 25 A		
		•			
	i i				
PART 2. INCOME D	ERIVED FR	ROM SELF-EMPLOYMENT OR LA	W PRACTICE		
A. List the name and address of your business derived income. If associated with a partnership activity or practice of that entity.	or law firm, p, firm, profe	if any, and list the major areas of econssional association, or similar business	omic activity or practice from which you entity, list the major areas of economic		
None					
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:	aggapynn o goggepannana mwyg, ne g an hilliadhir 1900-1905 (interformation	arti yaraa waanaa ka ka ahaa ka ka ahaa	MATERIAL PROPERTY AND		
Address:					
	CO-CONTROL TO PORTURE A PERSONAL PROPERTY OF THE STATE A PERSONAL TO PROPERTY OF THE STATE A PERSONAL PROPERTY OF THE STATE AND THE PERSONAL PROPERTY OF THE STATE A PERSONAL PROPERTY OF THE STATE AND THE PERSONAL PROPERTY OF THE STATE AND THE PERSONAL PROPERTY OF	and galaige makes the second to the second that the second	T THE TOTAL THE STATE OF THE ST		
Name:					
Address:					

PART 2 (continued). INCOME DI	ERIVED FROM SELF-EMPLOY	MENT		
B. List each source of income derived from self-employment or \$1,000, whichever is greater, and specify the principal type of ecincome. If this form of disclosure is prohibited by law, rule, or an economic activity of the entity or person from whom the income was	conomic 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 <u>not listed</u> in Parts 1 or box.	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: MAINP State Unemployment Agency		Unemployment (Simpensition		
Address: Augusto., Mu.	A CONTRACTOR OF THE CONTRACTOR			
Name:				
Address:	*** The Additional Property of the Additional Pr			
Name:	16.0000004 10 PC 10.00 0 PC 10.00			
Address:	The state of the s			
PART 4. REPOR	TABLE LIABILITIES			
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or areas of economic activity of each creditor. Do not list credit card liar regulated financial institutions. If none, check the box.				
None	miniman magazanomena na maray umanaminiman na ya cinin fini ci-hi-ci-hi-dibili didabah hifa pendi terlengan pengulaban magana saman ya min	NOOLAN TO BOUND BOOK ALL OF THE TO THE		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor		
Name:	aba) kahala kerkele perdakan pelak di bahaka danga kerkeli da pengangan pengangkan Afrika dangangan pengangkan peng Pengangkan pengangkan penga	aka da dika dika dika dika dika dika dik		
Address:				
Name:	CONTROL OF THE CONTRO	TO AND THE PERSON OF THE PERSON AND		
Address:				
PART 5. GIFTS, INCLUDING T	RAVEL AND ACCOMMODATIO	PNS		
List the specific source of gifts received during the reporting period w	ith an aggregate value of more thar	\$300. If none, check the box.		
None	текностинализметемперете стал в тогат ими зовоетных воеске имями током советных им истом из этом в точности текноват	BOLLEGE FOR FORBORD IS LITTLE TO STOTE FOR THE MENT AND		
Name of Source of Gift	Name of S	Source of Gift		
1. Norrows Fabrikker · Porsgrunn, Norway TRAVEL EXPENSE for Job Interview				
2.	4.			

	RT 6, HONORARIA			
List the source of any honoraria accepted for appearances of				
None		0.212099,0.2522995,0122191,0194239299,01810,0491279464300114,4969110999999999999999999999999999999999		
Name of Source of Honoraria	Name of S	ource of Honoraria		
1.	3.	engaasaa keennen annen aren assaala keleberran Abesser (Lebrico Columbia Co		
	4.			
PART 7. REPRESEN	ITATION BEFORE STATE AGENCIE	s		
List each executive branch agency before which you repressions.	sented or assisted others for compensation	on of any amount. If none, check the		
None				
Name of Agency	Nam 	e of Agency		
1.	3.			
фексаризменным темпериямном мусим польторующих мусим польторующих мененным мусим польторующих мусим мусим польторующих мусим польтору — мусим му	4.	Metawakan kang-ak, catak ti propish eta sakera kang-akhadi kindel penjeran manata tabuk kindrol penjan ti sake		
PART 8. BUSI	NESS WITH STATE AGENCIES			
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 family sold goods	or services with a value in excess of		
None	a lainly member sold the goods of service	35. II HOHE, CHECK THE DOX.		
Name of Agency	assa ninetassa tutuun telannaa pyää assa taista on mininterioria mininterioria on maan maan maan maan maan min Nam	e of Agency		
1.	3.			
2.	4.	4.		
PART 9. INCOME RECEIV	ED BY MEMBERS OF IMMEDIATE F	AMILY		
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.	d 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			
Job Title:	3	3		
Dependent Child(ren) - Job Titles Only				
Job Title:				
Job Title:				
Job Title:				

List any for-profit or nonprofit corporation, held any office, trusteeship, directorship, of the position was compensated. If a family	or position of any na	ature. Indicate whe	ther you or a family	member held the pos	ition and whethe
S None					
Organization/Business and Address	ook ka kalinah ya ka	Title	Position Held By:	Family Member's Name	Compensated
TO THE POPULATION OF THE PROTECTION OF THE POPULATION AND AND AND AND AND AND AND AND AND AN		makawahatan mata kenata yanyak an enga a asak atau atau kansa kansa ka			
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		SIGNATURE			
Legislator who willfully fails to file a r he intentional filing of a false stateme villfully filed a false statement, it shall r	nt is a Class E cr	ime. If the Comn	nission concludes	that it appears that	
Lary C. Ou rich Signature		**************************************	23 January 2012 Date		
	ADDIT	ONAL INFORMA	TION		
Please provide any additional informa the information you are providing. Use			ets if needed). Ind	icate the part or se	ction number f
Part/Section					