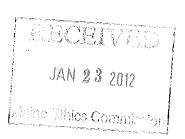


Name

Mailing address



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

Office:

House

District

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

□ Senate

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

Peter Edgecomb

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.

LEGISLATOR INFORMATION

132 Baild Rd.				
City, zip code Caribou 64731	é		Phone 494 3188	
PART 1. INCOM	E DERIVED FR	OM EMPLOYMENT BY ANG	OTHER	
List the name and address of each private or pub whom you received compensation of \$1,000 or mo				
None		1840 2018 (APP) Adalah di APP di APP di APP 200 APP di APP APP APP APP APP APP APP APP APP AP	PROPERTY OF THE ROLL OF THE LATEST AND ENGINEERING AND ENGINEERING CONTRACT OF THE STATES AND ALL OF THE STATES AND ENGINEERING CONTRACT OF THE STATES AND ENGINEERING CONTRAC	
Name of Employer Address			Principal Type of Economic Activity of Employer	
Maine State House of Repro		House Station	Government	
Maine State House of Represe Maine Retisement System	Augusta	ME 64333	TERCHEN REthement	
4 (1984) Можев на начина на начина на принципри на постоя в постоя на посто	HAZZETA OMPHANIA PARA PARA PARA ZENA PARA ZENA PARA ZENA PARA ZENA PARA PARA ZENA PARA PARA PARA PARA PARA PARA			
PART 2. INCOME DER	IVED FROM SE	ELF-EMPLOYMENT OR LAV	V PRACTICE	
A. List the name and address of your business or derived income. If associated with a partnership, factivity or practice of that entity.				
None	r medicine i francisco do distributo de la secución de la comerción de la come	-4000000000000000000000000000000000000	од на применения в применения	
Name and Address of Business Entity or Law Firm		or Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)	
Name:				
Address:				
Name:		TO COLUMNO COLO COLO COLO COLO COLO COLO COLO CO	По об об в вышивай выборыва на ответствення выправления до странции до странци	
Address:				

PART 2 (continued). INCOME DI	ERIVED FROM SELF-EMPLOYN	<b>IENT</b>
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 per- stablished code of professional ethic	son 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:	UNA ZEROGOSTINO CETO DI OCTUBRICA (MAGRIMI) ARMI ARMI ARMI ARMI ARMI ARMI ARMI ARMI	Намерия в темперический при
Name:		
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 o	r honoraria. If none, check the
None  Service and the commence of the commence	ner state vital statut and state at the state of the stat	Kind of Income
Name and Address of Source	артерерия выправления на неверение на выполнение на выполнение выстрации выполнение выполнение выполнение выполнение выполнение выстрации выполнение выполнение выполнение выполнение выполнени	(investments, leases, etc.)
Name: Horace Mann Life Insurance Company	; <del>-</del>	Investment For retisement Deducted From pay check
Address: 1 Horace Mann Plaza Springfield, IL 62715-0001	ententian en entente e entre talliquis ententian en enten	CONTROL IN THE THE CONTROL AND
Name: MEATILL Edge		Investment For testirement
Address: P.O. Box 1501 PEnnington, NI 08534		
Name:	The state of the s	
Address:	Mandrick experien	
	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 list regulated financial institutions. If none, check the box.		
[X] None	OPPRIENTEN OFFICIALE IN AUTOMOTION IN AUTOMOTION IN AUTOMOTION AND AUTOMOTION AND AUTOMOTION AND AUTOMOTION AUTOMOTION AND AUTOMOTION AND AUTOMOTION AUTOMOTION AND AUTOMOTION AUTOM	DERIGINATION FROM A TOTAL DAMES OF PROTECTION OF A CONTROL OF THE STATE OF THE STAT
Name and Address of Creditor	17	Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:	THE STATE OF THE S	дотом не на решения по посто (согорой) де Адоророй до нучений на Бага на намер на 1900 году на посто на намер на 1900 году
Address:		
PART 5. GIFTS, INCLUDING T	RAVEL AND ACCOMMODATIO	NS
List the specific source of gifts received during the reporting period w	vith an aggregate value of more than	\$300. If none, check the box.
☑ None		VIIIIOTA LI ETTI II PETE VIII VII VII VII VII VII VII VII VII V
Name of Source of Gift  1.	Name of Set 3.	ource of Gift
**  2	15 CT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	iyan gayaan goo a see ay ag seg seg see as

	ART 6. HONORARIA				
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.				
None	THE WANTES of the section of the Astronomy and the section of the	TONNON MENTALON MENTALON TERMETER FOR THE OUT THE PROMOTE MANAGEMENT AND A CONTROL OF A CONTROL			
Name of Source of Honoraria	Name of S	Source of Honoraria			
1.	3.				
2.	4.	4,			
PART 7. REPRESE	NTATION BEFORE STATE AGENCIE	s i i i i i i i i i i i i i i i i i i i			
List each executive branch agency before which you repribox.	esented or assisted others for compensati	on of any amount. If none, check the			
None					
Name of Agency	Nam	ne of Agency			
1.	<b>3</b> .				
2.	4.				
PART 8. BUS	SINESS WITH STATE AGENCIES				
List each executive branch agency to which you or a mer \$1,000 during the reporting period. Indicate whether you o	mber of your immediate family sold goods or a family member sold the goods or servic	or services with a value in excess or es. If none, check the box.			
⊠ None					
Name of Agency	1833 to 40 to 1820 to	le of Agency			
1.	3.	3.			
2.	4.	4.			
PART 9. INCOME RECEI	VED BY MEMBERS OF IMMEDIATE I	FAMILY			
List the type of economic activity representing each source dependent child(ren) during the reporting period and the k of \$1,000 or more, list his or her name and job title. List on not include gifts.	ind 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: Mariorie Edectornb	1. <u>social security</u> 2.	1. Retitement 2.			
Name: Marjone Edgecomb  Job Title: Refired	3.	2 3			
Dependent Child(ren) - Job Titles Only					
Job Title:		т. Мед удожной односного од 1 до 1 г. город на постој од 1 г.			
Job Title:					
Job Title:	WE COME OF THE THE STATE OF THE	э эх эх баваннаа эх нь ньы эх эх ньы эх ньый Станай (Сайсы) Адандайска (Сайдайдайска) Сайдайдайска (Сайдайдайска) Сайдайдайска (Сайдайдайска)			

☑ None	NT PPAC A valority and head for the control of the	kapik afada ili Salah	tinin nyytytytyysisonna 127 minen et attaun 100 128 anna 120 minen 180 180 180 180 180 180 180 180 180 180	pop populación de monoconstituir de de sumentabel con un de sono se esta esta en Necessia de Assessia de la consensión de la	n kalanda kanada ka	
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?	
	NOCEMBERON A COMPANION TO MEMBER PROME DO ARTHUR PROMETED AND CONTRACTOR OF CONTRACTOR	erdaetuse <sup>k</sup> eraserreijasiasiasiasias orda orda orda orda orda in maseri trasperos (orda orda orda orda orda orda Orda orda orda orda orda orda orda orda o	ere n e zeum e enonz um e energia un energia receptura recultura se enuncia entre un Escabatelo el	orași anticipate en manurul de la circina at scritici la central de la completa de la completa de la completa d	TILINGA BAK EBARBAN INI EBARGAN EBARGAN EBART PARAN EBARTI IAAN INIMPONISTI AAN INIMPONISTI AAN INIMPONISTI AA	
Copyright programmer Annual Copyright Copyrigh			Control & Presented Associated Little Evaluation of the Control of	TO STATE OF THE STATE OF T	THE STATE OF THE S	
				CO		
		the of the hand of the first the state of the second control to the second seco	amon s promotes and standard and among a summer through the standard of the Section State Section Section State Section Se	местий жененен женен жана не веним жений жений женен жен		
		CHAPTER STATE OF THE STATE OF T				
		SIGNATURE				
	o willfully fails to file a required statem					
	filing of a false statement is a Class E alse statement, it shall refer its findings				a Legislator has	
williany mod d it	also state/mork, it shall roles to illiamige		ioy Conorai. (1 iii	(.0.) (. 3 1010)		
	•					
(2)	Tou. E Domman D.		1-	14-2012		
	Toru Elegrand Signature		<u> </u>			
	ADDI	TIONAL INFORMA	TION			
SHANNON HANNIN MENGRAPA DESCRIPTION ENGLISHES SERVES SERVES SERVES SERVES SERVES SERVES SERVES SERVES SERVES S		ASSINGUISTISSISSA VESTISSA SERRISO, O PERO E GARANCIAR LANNON MASSINGUIR CONTROLOR A TISS IN NAVIONAN ANNO AN	CONTRACTOR OF THE STATE OF THE	a deligibility of the security	4.54644-000000-000000000000000000000000000	
	any additional information below (and you are providing. Use additional page		ts if needed). Indi	icate the part or se	ection number for	
THE STREET	you are providing. One additional page	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LITTOO PLITELING AL MAN, COLUMNOS LICETUS LILLY FERLICATION FINGENESSON IN NOVEMBER (COLUMNOS IN NESSON IN	OPENIONETY THE PROPERTY IS CONSIDERALLY A ANNIHAD AND CONSTRUCTION OF THE THREE PROPERTY THE PROPERTY OF THE P		
D	a di kalangan da da kanghar da da			era eraski este i koloni		
Part/Section Number		ing a second control of the second control o				
		00-75/2004/do04/8666000000000000000000000000000000000			SCHOOLS CONTINUE OF THE PROPERTY OF THE PROPER	
T T T T T T T T T T T T T T T T T T T						
			•			

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 held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family member held the position and whether the position was compensated. If a family member is listed, indicate your relationship and the name of the family member.