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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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o State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

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Phone: 207-287-4179 Fax: 207-287-6775

Maine Ethics Commission 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 Eleanor Espling Mailing address 12 Lewiston Rd City, zip code New bloucester 04260		Office: House Senate District 105 Phone 926-608 2
	ED FROM EMPLOYMENT BY ANC	OTHER gency or subdivision of the State, from
None	ONNICONANA AND TO VIDALITY (ACEST) I HEARTH DESCRIPTION AND SECTION CONTINUES AND	manananian didentria di distributi di Harizo (a aparti (aparti majar quunqua angar quanda) di Ci Siddi (Siddi (Sid
Name of Employer	Address	Principal Type of Economic Activity of Employer
Maine House of Representatives 25	state Hous estation Augusta	Government of the second secon
PART 2. INCOME DERIVED FR A. List the name and address of your business or law firm, i derived income. If associated with a partnership, firm, profes activity or practice of that entity. None	OM SELF-EMPLOYMENT OR LAV f any, and list the major areas of econo ssional association, or similar business	omic activity or practice from which you
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: Total Home Care / Ellie Espling Address: 12 Lewiston Rd	self	Housecleaning
Name: Address:	•	

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY	MENT
B. List each source of income derived from self-employment or law practice that represents more \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or princome. If this form of disclosure is prohibited by law, rule, or an established code of professional eth economic activity of the entity or person from whom the income was derived.	erson 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:	A CANADA A
Name:	
Address:	
PART 3. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not include gifts box	or honoraria. If none, check the
None	goggag karmangan singa ang fanyimarning ga ananyamangan sainangan danamanyaman dunyam menduni talihada tili sah dahibi bili gaylah di danand Prida di Sahibi Sabid
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	диний намено очения можения можения може и можения очения по можений в столого выполнений в столого
Address:	
Name:	
Address:	
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Address:	
PART 4. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liabilities, educational loans, loans from regulated financial institutions. If none, check the box.	
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	•
Address:	
Name:	ков на манера е положения выполня в решения выполня выполня в совет в поделений в поделений в поделений в поде В поделений в поделени
Address:	
PART 5. GIFTS, INCLUDING TRAVEL AND ACCOMMODATION	
List the specific source of gifts received during the reporting period with an aggregate value of more than	n \$300. If none, check the box.
None	ARTICONOMICO A SERVICIO DE LA CALLES A CARGO ARTICOLA DE SERVICIONE DE CONTROLO COMPANO A SERVICIO ALCONARSO DE CARGO COMPANDO COMPANDO DE CONTROLO DE CARGO COMPANDO
	Source of Gift
1.	

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		Granica num e a marmo (Mallatina), una a que digitale de paíse a la grande de parte de la composição de la com
	ART 6. HONORARIA	
List the source of any honoraria accepted for appearances of	or speeches. If none, check the box.	
Name of Source of Honoraria	мателический под принципальной под под принципальной под под принципальной под принципальной под под под под под принципальной под	ource of Honoraria
	10000000000000000000000000000000000000	SALES OF LOUISIANS AND ASSESSMENT OF THE PROPERTY OF THE PROPE
1.	3.	
		$\label{thm:condition} IMILITATION of constant of the distribution of the distributio$
2.	4.	
PART 7. REPRESEN	NTATION BEFORE STATE AGENCIE	s. The hours of the second
List each executive branch agency before which you repres	sented or assisted others for compensatio	n of any amount. If none, check the
None	1996-N-1922-V-000-0-3/1904-0-3/1904-0-4-4-4-V-000-0-4-4-4-4-4-4-4-4-4-4-4	
Name of Agency	Name	e of Agency
1.	3.	
2.	4.	
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		
None		APPARTERIAL PROPERTY (AND AND AND AND AND AND AND AND AND AND
Name of Agency	Name	ernamentaliset in the property of the property
1.	3.	
		ACCIO CON TOTAL ACCIO CON TOTA
2.	4.	NOTIFIED AND A PARK AND
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.	of income of \$1,000 or more received by and of income represented. If your spouse of	y 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: Steve Espling	1. minister	1. self-employed
Job Title: Associate Pastor	3	3.
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		relation for the second of the
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	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
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		SIGNATURE			
A Legislator who	willfully fails to file a required state	SIGNATURE ment is subject to a f	ne of up to \$100.	(1 M.R.S.A. § 1017	/-A)
The intentional fi	willfully fails to file a required state	ment is subject to a f E crime. If the Comn	nission concludes t	hat it appears that	
The intentional fi		ment is subject to a f E crime. If the Comn	nission concludes t	hat it appears that	
The intentional fi	iling of a false statement is a Class	ment is subject to a f E crime. If the Comn	nission concludes t	hat it appears that	
The intentional fi	iling of a false statement is a Class	ment is subject to a f E crime. If the Comn	nission concludes t	hat it appears that	
The intentional fi	iling of a false statement is a Class	ment is subject to a f E crime. If the Comn	nission concludes t	hat it appears that	
The intentional fi	iling of a false statement is a Class	ment is subject to a f E crime. If the Comn	nission concludes t	hat it appears that	
The intentional fi	iling of a false statement is a Class Ise statement, it shall refer its findin	ment is subject to a f E crime. If the Comn	nission concludes t ney General. (1 M	hat it appears that	
The intentional fivillfully filed a fall	iling of a false statement is a Class Ise statement, it shall refer its finding the statement of the stateme	ment is subject to a f E crime. If the Comn gs of fact to the Attor DITIONAL INFORMA and on additional shee	nission concludes the ney General. (1 M	hat it appears that .R.S.A. § 1019)	a Legislator has
The intentional fivillfully filed a fall	iling of a false statement is a Class Ise statement, it shall refer its findin Signature AD	ment is subject to a f E crime. If the Comn gs of fact to the Attor DITIONAL INFORMA and on additional shee	nission concludes the ney General. (1 M	hat it appears that .R.S.A. § 1019)	a Legislator has
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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