

FEB 13 2012

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

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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 STACEY AllEN FALS	S		Office: ☐ House ☐ Senate
Mailing address 180 LANCEY ST			District 29
City, zip code P14577ELD 04	+96	7	Phone 207 487 564)
PART 1. INCOI	ME DERIV	ED FROM EMPLOYMENT BY AND	THER
List the name and address of each private or pu whom you received compensation of \$1,000 or m	ıblic employ ıore. Specif	er, including the Legislature and any a fy the principal type of economic activity	gency or subdivision of the State, from of each employer.
None	MANAGEMENT REPORTED COMMENTAL ACCESS AS A SERVICE		PORT AT THE BOTH A STOLE STEELS ASSESSMENT OF A MALLEN STOLE STEELS ASSESSED AS A SECTION AS A S
Name of Employer	ACCREDICATE PRINTED TO THE TRANSPORT OF A VALUE AND A	Address	Principal Type of Economic Activity of Employer
MAINE STATE HOUSE OF MEPLEXING	t	SHATE HOUSE STOTED VGUSTA ME	GOVERNMENT
KLEI NSCHMIOT	•	MAIN ST FELD, ME 04967	ENGINEGILING CONSCITANT
			300 мд жово и об об 1000 кв. Воличина не на на нарежда проблежда и от об производительного до на нарежда по на нарежда по на нарежда на на нарежда на на на нарежда на
PART 2. INCOME DE	RIVED FR	OM SELF-EMPLOYMENT OR LAW	/ PRACTICE
A. List the name and address of your business o derived income. If associated with a partnership, activity or practice of that entity.	r law firm, i firm, profes	f any, and list the major areas of econo sional association, or similar business of	mic activity or practice from which you entity, list the major areas of economic
None			Босово вышта почента выполнения (выбори) 2 шта из завенно исто о основнения общено, убрасов да авакситального источн
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:			The Management of the Communication of the Communic
Address:	onnan konneggyyttäättiivi ja piirii ja kyksikky ja kyksikky valitainin valitainin kyksikky valitainin kyksikky		
Name: Address:		The state of the s	The second section of the second seco

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOY	MENT
B. List each source of income derived from self-employment or la \$1,000, whichever is greater, and specify the principal type of eccincome. 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	onomic activity of the entity or pe tablished code of professional eth	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:		
Name:		
Address:		
PART 3. OTHER SO	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 honoraria. If none, check the
None	ranga da silanga si silanga kangga pangga	general process and an activities and an activities are also activities and activities and activities are activities and activities and activities are activities and activities are activities and activities and activities are activities and activities activities and activities are activities and activities activities and activities activit
Name and Address of Source	egyakkikasististikut 19 notoko kii. Tiise eksisikkii kiisitok ki kalifikkii 2 notoko kiisekse kiikasi kiinko k	Kind of Income (investments, leases, etc.)
Name:		
Address:		
Name:		
Address:		
мате:	uuseenen saatataa kastaa ya saataa kan maraa ka saataa ka saataa ka saataa ka saataa ka saataa ka saataa ka sa	g ang pakamatan atah andar atah ang atah atah atah atah atah atah atah ata
Address:		
PARTA 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.	nore that you received during the	reporting period, and list the major om a relative, or business loans from
None	geographical de propriesant au anticomo mais tromas com de la como de la constabilidad de la compactición de como de la c	ત્રારા વહેલાં અના હાતા કે કહેલા ક ત્રારા કહેલા ક
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	-	
Address:		
мате:	egggypping, mang oph-ungs und (energ-hertific entekträmmente til somstell i Licettiere dem statte til somstell i Licettiere dem statte til somstell i Licettiere dem statte til som statte	ikan propose portinente un metro del distribución de comen esta por este esta por esta esta por esta portinente del del del del del del del del del de
Address:		
PART 5. GIFTS, INCLUDING TR	RAVEL AND ACCOMMODATION	ONS
List the specific source of gifts received during the reporting period w	ith an aggregate value of more tha	n \$300. If none, check the box.
None		
Name of Source of Gift	*Name of 3.	Source of Gift
1. NCSL - NATIONAL CONF OF SHATE LEGISLAGUES	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
2. NEW ENGLAND CABLE TELEVISION AND TELECOMMUNICATIONS ASSOCIATION	4.	

List the source of any honoraria accepted for appearances	or speeches. If none, check the box.	
None	COMMISSION CONTROL CO	THE ROYAL SPRING IT PETER THE TEST NO CONSIST RETELEMENTS AND SHARE A SEGUENCE AND SHARE A CONSISTENCE AND A CONSISTENCE AND SHARE A SEGUENCE AND ASSESSMENT AS THE ACCOUNT AS A SEGUENCE AND SHARE A SEGUENCE AS SEG
Name of Source of Honoraria	Name of So	NOTE A DESCRIPTION OF THE PROPERTY OF THE PROP
1.	3.	
2.	4.	generat de generation per propose a propose en regenerativo en mes e sente se com e en en en el militar de la companya de generativo de la companya del la companya de la companya del la companya de la
PART 7. REPRESE	NTATION BEFORE STATE AGENCIES	s - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
List each executive branch agency before which you reprebox.	esented or assisted others for compensation	n of any amount. If none, check the
None		
Name of Agency	Name	e of Agency
1.	3 .	
2.	$m{4}$.	nnggann d _a n kanggang mingkannek gang bayak pada pada katali (edupan dan basa 1900-1900 1900 1900 1900 1900 1900 1900
List each executive branch agency to which you or a men \$1,000 during the reporting period. Indicate whether you or None	r a family member sold the goods or service	s. If none, check the box.
Name of Agency	Name Name	e of Agency
1.	3.	
2.	4.	
PART 9. INCOME RECEIV	VED BY MEMBERS OF IMMEDIATE F	AMILY
List the type of economic activity representing each source dependent child(ren) during the reporting period and the ki 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 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 M FAHS Job Title: PALLEGIA	1. EMPLOYMENT LEGAL SCENICES	1. 2m PLOTMENT 2
Job Title: PANLEGIAL	3.	3
Dependent Child(ren) - Job Titles Only		
10b Title: STORE CLERK	RETAIL STORE	Emporment
Job Title: ELEMIATO V	CREMATION SERVICES	Employment Employment
Job Title:		

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.

_ <2	
₹ -	
** **	None

Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
MEKLDIAN FORDE #125-CHANTY FUND PHISFREED, VILE	TRUSTEE	5EUF		N D
PROSPERITY FOR MAINE LEADERSHAN 180 LANCES ST PAC PITISFIELD	THE ASVICEN	SPVVSE	TiM	4 Earl

SIGNATURE

A 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 filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)

ADDITIONAL INFORMATION

Part/Section				
Number				