

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

JAN 17 2012

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.

	GISLATOR INFORMATION	
Name	,	Office:
Jours A tit and	wick	∠ House ☐ Senate
Mailing address		District
Joyce A. Titapat Mailing address 100 Pleasant ST	<i></i>	F
	•	Phone
City, zip code	14730	Phone 217-532-9035
110017011	7730	201754-1000
PART 1. INCOME DE	ERIVED FROM EMPLOYMENT BY A	NOTHER
List the name and address of each private or public en whom you received compensation of \$1,000 or more. S	nployer, including the Legislature and any specify the principal type of economic activity	agency or subdivision of the State, from ity of each employer.
None		
Name of Employer	Address	Principal Type of Economic Activity of Employer
ABBETTURBENDARING OF THE THE STATE OF THE ST	addiscultura com o o o o o o o o o o o o o o o o o o	NOON TO CONTROL OF THE PROPERTY OF THE PROPERT
	SOM HIS STANDARD OF THE STANDARD AND AND AND AND AND AND AND AND AND AN	1000000000000000000000000000000000000
PART 2. INCOME DERIVE	D FROM SELF-EMPLOYMENT OR LA	AW PRACTICE
A. List the name and address of your business or law to derived income. If associated with a partnership, firm, pactivity or practice of that entity.	firm, if any, and list the major areas of eco professional association, or similar busines	nomic activity or practice from which you as 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:		
Address:		
мате:	ger ya yana matawa en angali Mili Mili Mili Mili Mili Mili Mili M	
Address:		

		
PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOYMENT	
B. List each source of income derived from self-employment or I \$1,000, whichever is greater, and specify the principal type of ec income. 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	conomic activity of the entity or person fron stablished code of professional ethics, speci-	m whom you derived such
Name and Address of Source	Activity	ncipal Type of Economic of Entity or Person Who is se Source of the Income
Name:	9	Sept de la Nativi (ISSE) i non companyo e e e e e e e e e e e e e e e e e e e
Address:		
Name:	\$6000000000000000000000000000000000000	MOTIFICIAL TOPOLOGICA CONTRACTOR COSTORIA CONTRACTOR CONTRACTOR COSTORIA CONTRACTOR COSTORIA CONTRACTOR COSTORIA CONTRACTOR COSTORIA CONTRACTOR COSTORIA CONTRACTOR CONTRACTOR COSTORIA CONTRACTOR CONTRAC
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 honora	aria. If none, check the
None	Notice In Act of the Control of th	SENTESSANEN HERRESSANEN AL-TIMEN SENTEN FANNSK FANNEN FANNSK FANNSK FANNSK FANNSK FANNSK FANNSK FANNSK FANNSK F
Name and Address of Source	enterviern standarformandentum tilag opponimistamistamistamistamistamistamistamist	Kind of Income restments, leases, etc.)
Name: Social Security Administra	ition	and a state of the
Name: Social Security Administra Address: 1 Jamaica center Rz, Jamaica		sion U.S. Herest
Name: Katahdin trust company Address: P.D. Box 450, Patter, NE 04	Tu	Lovest
Address: P.D. BOX 450, Patter, NE 04	765	. 101 - 21
Name: FAPCO Administrative Service	es tu	iteres t
Address: P.O. BOX 499, HOUHON, ME O	4738	
PART 4. 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 liable regulated financial institutions. If none, check the box.	nore that you received during the reporting bilities, educational loans, loans from a relati	period, and list the major ive, or business loans from
None	почення почення мень мень мень мень мень мень мень мень	cipal Type of Economic
Name and Address of Creditor		Activity of Creditor
Name:		
Address:	THE CONTROL OF THE PROPERTY OF	
Name:		
Address:		
PART 5. GIFTS, INCLUDING TR	RAVEL AND ACCOMMODATIONS	
List the specific source of gifts received during the reporting period wi	th an aggregate value of more than \$300. If	none, check the box.
None		
Name of Source of Gift 1.	Name of Source of 3.	Gift Control of the
*	J.	

4.

2.

	PART 6. HONORARIA				
List the source of any honoraria accepted for appearance	es or speeches. If none, check the box.				
None		·			
Name of Source of Honoraria	Name of So	urce of Honoraria			
1.	3.				
2.	4.	######################################			
PART 7. REPRES	SENTATION BEFORE STATE AGENCIES	3 (24)			
List each executive branch agency before which you re box.	presented or assisted others for compensation	n of any amount. If none, check the			
None	на (ССС) в достовно в протовно в				
Name of Agency	Name	e of Agency			
1.	3 . ·				
2.	4.	ментам не нем монеровира фициальной какон на почение в том в нем			
List each executive branch agency to which you or a n \$1,000 during the reporting period. Indicate whether you None	nember of your immediate family sold goods on a family member sold the goods or service	or services with a value in excess of s. If none, check the box.			
Name of Agency	Name. Superintendent of the control	Name of Agency			
1.	3.	3.			
2.	4.	4.			
PART 9. INCOME REC	EIVED BY MEMBERS OF IMMEDIATE F	AMILY			
List the type of economic activity representing each soldependent child(ren) during the reporting period and the of \$1,000 or more, list his or her name and job title. List not include gifts.	e kind 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: Peter J. Fite fatrick Job Title: Self-Employed Trueller	1. Frucking 2. Rental Prop Res.	1. Business Income 2. Rents 3. Rents			
Job Title: Self-Employed Trueller	3. Pental Prop BUS.	3. <u>Rents</u>			
Dependent Child(ren) - Job Titles Only					
Job Title:					
Job Title:					
Job Title:					

List any for-profit or nonprofit corporation, firm, association, held any office, trusteeship, directorship, or position of any rethe position was compensated. If a family member is listed,	nature. Indicate whe	ess in which you or a	member held the pos	sition and whether
None	- CONTRACTOR CONTRACTO	-4-N-NoV-4-Lower-weighted Tither (In N-Theretize Controlled Administry Controlled Contro	MEETIN SON EETE SALVA (NEER SALVA EET SALVA EET AVANTAMISES OVER ALL MINIORIA MINIORIA MINIORIA MARKA SALVA EE	THE STATE OF THE S
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
	COMPANIES AND CO	2000 200 200 200 200 200 200 200 200 20		CHTO LANCEMATALACA, A DEDOLO S. LITERAT DISCEPANY (DECEMBERAN) BRACA
		E SUPE COMMENT		
	THE CONTRACT CONTROL CONTROL TO A TRACT CONTROL CONTRO		SEC. 300 met in have all translations to a more propagative and providing to property.	THE RESIDENCE AND ADMINISTRATION OF THE ADMINISTRATION OF THE RESIDENCE AND ADMINISTRATION OF THE RESI
	905 - 14 76000 1 15 50000 1 15 50000 1 15 50000 1 15 50000 1 15 50000 1 15 50000 1 15 50000 1 15 50000 1 15 50	-POPUM-PAR STOCK (PART PRITTED		
		Management of the control of the con		
	Territoria de la constanta de	MATERIAL PROPERTY OF THE PROPE		
	SIGNATURE			
A Legislator who willfully fails to file a required stateme The intentional filing of a false statement is a Class E o willfully filed a false statement, it shall refer its findings	rime. If the Comn	nission concludes t	hat it appears that	7-A) a Legislator ha
Signature Signature	U	_/-	9-12 Date	-
ADDIT	TIONAL INFORMA	ITION		
Please provide any additional information below (and the information you are providing. Use additional page	on additional shee	ts if needed). Indi	cate the part or se	ction number fo
Part/Section Number				
THE BANKING - BANKAMANT	nemer sa mend de standa en mana en mana esta esta en esta en	Take Amerikan person-penungan penungan penungan penungan penungan penungan penungan penungan penungan penungan	от на под на На под на под	
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