



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

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.

LEGISLATOR INFORMATION

Name ELSPETH M. FLE	Office: ☑ House ☐ Senate			
Mailing address				
25 Eden Street	District 35			
City win and	·	Phone		
Bar Harbor, 04609	,	669-2073		
PART 1. INCOM	ME DERIVED FROM EMPLOYMENT BY ANO	OTHER		
	blic employer, including the Legislature and any acore. Specify the principal type of economic activity			
None	45000 CERTINA PROGRAMMA TELEVISIONE AND	1968-1968 (1968-1968) (1968-1966) (1968-1		
Name of Employer .	Name of Employer . Address			
Healthy Acadia	P.O. Box 962, Bar Harbor Mcuine, 04609	Health Education		
Legislature	2 State House Station Augusta, ME 04333	Government		
		Договот бол догово д 		
PART 2. INCOME DEI	RIVED FROM SELF-EMPLOYMENT OR LAW	/ PRACTICE		
A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity.	r law firm, if any, and list the major areas of econo firm, professional association, or similar business of	mic activity or practice from which you entity, list the major areas of economic		
None	OP SOUTH TOTAL AND	1873 II (чысо-чло-чл) 19 осно-вишены мыст и извидителе у произвидинальный менецинальный он он-чло-выносы мецерациональна		
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:				
Name:		en process version in section description in a section in the section of the section in the sect		
Address:				

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOYM	ENT
B. List each source of income derived from self-employment or la \$1,000, whichever is greater, and specify the principal type of eco income. If this form of disclosure is prohibited by law, rule, or an est economic activity of the entity or person from whom the income was of the seconomic activity.	pnomic activity of the entity or pers ablished code of professional ethics	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:		
Nane:	स्त्र विकास करें के स्त्र के स्त्र कर कर कर कि का का का कि का का कि का कि 	gravestamm, varran kommuna menereka erenen erenen erenen erenen erene erene angen erene erene erene erene eren
Address:	TO THE PERSON NAMED IN COLUMN TO THE	
PART 3. OTHER SC	DURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 or 2 box.	2 of this form. Do not include gifts or	honoraria. If none, check the
None		essant programment of the control of
Name and Address of Source	egysteriophysimmette kunst kaasansky kunst kortaan stansisterioonin kontaksisteet tiisiksisteet kunoonin kontaksisteet kunoonin kaasan kunoonin kaasan kunoonin kunoonin kaasan kunoonin kunoonin kunoonin kaasan kunoonin kaasan kunoonin ku	Kind of Income (investments, leases, etc.)
Name:		
Address:		
Name:		
Address:		
Name:		
Address:		
PART 4. REPORT	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mareas of economic activity of each creditor. Do not list credit card liab regulated financial institutions. If none, check the box.		
None	egastaggestgenet floranne som fill til glavsmeg still til enne for enne for enne for enne av ett still til enne	ичения в под в рамон по том не стоя не стоя не стоя не стоя не стоя в почений в не стоя не стоя не стоя не сто
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	P. V. P. Carlon and Management of the Control of th	
Address:		
Name:	nkosi gilgalan (ini ginga penjahan mahilan mahilan digan Amash yan dan mahi ne ginga mengka mengka bankan bili pengan mahilan digan Amash yan dan mengka mengka bankan bili pengan mengkan bili bentafa menjahan bili pengan bili pengan bentafa menjahan b	gelak komin i Prime di Mil din Bank Velesi, immensioned Prime in New York (Arthur Medican Million Mill
Address:		
PART 5. GIFTS, INCLUDING TR	. Gert vitre englise rakka keta ra menanti mili mili keta ketang ketanggi ketak takahak taka lakata berit	rakustat pulitu uu saali saadia sartuguda iri eedir taku da kan puud atti pupitiili järja uu kustusta.
List the specific source of gifts received during the reporting period wit	n an aggregate value of more than \$	SUU. IT NONE, CHECK THE BOX.
None Name of Source of Gift	Name of So	una of Ciff
	Name or so provide the provided that the control of	urea or one management of the second of the
1. Merton C. Flemings 2.	4.	t and the control of

PA'	RT 6. HONORARIA			
List the source of any honoraria accepted for appearances or				
White the second of the second	HOREONE PARAMETERS IN THE STATE OF THE STA	THE PROPERTY OF A PROPERTY OF A PARTY OF A P		
Name of Source of Honoraria	Butter of the second se	COURTE OF HONOraria Marie Control of Honoraria		
1 .	3.	College And Annual Control of the Co		
2.	4.	ЭССЕДОН «Такоба» диноболу-мобильности поличення чиннесоправит применую преводен выподен выподен в 2019 СЕВЕСКО		
	ITATION BEFORE STATE AGENCIE			
List each executive branch agency before which you represent box.	ented or assisted others for compensatio	n of any amount. If none, check the		
None				
Name of Agency	Same	e of Agency		
1.	3.			
2.	4.	4.		
	NESS WITH STATE AGENCIES			
List each executive branch agency to which you or a memb \$1,000 during the reporting period. Indicate whether you or a				
None				
Name of Agency	Name National and the state of	e of Agency		
1.	3.	3.		
2.	4.	4.		
	ED BY MEMBERS OF IMMEDIATE F.			
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind 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 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: Bichard C. Cleary	1. <u>Legal Services</u> 2.	1. Employment 2.		
Name: Richard C. Cleary Job Title: Lawyer, Solo Practioner Private Law Firm	2 3	2 3		
Dependent Child(ren) - Job Titles Only				
Job Title: Legal Secretary				
Job Title: Credit Union Teller				
Job Title:				

□ None			0.0000				
	Organization/Business and Address		Position Held By:	Family Member's Name	Compensated?		
	Desert Island tal; 10 Wayman Lane Bar Harbor, ME 04609	Trustee	Self		No		
Abbe 1 - 26 Bar	Museum Mount Desert Street, Harber, ME 04609	Trustee	Husband	Richard C. Cleary	No		
		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) 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) 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) 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) 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) A Legislator who will fully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A) A Legislator who will fully fails to file a required statement is a Class E crime. If the Commission concludes that it appears that a Legislator has will fully file a fail fail fail fail fail fail fail fa							
ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Use additional pages, if necessary.							
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Part/Section Number							
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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 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.