

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

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

urno Palikos Commission

FEB 15 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.

	LEGISLATO	R INFORMATION				
Name STAN CERTOCEKY	· · · · · · · · · · · · · · · · · · ·		Office: ☐ House			
Mailing address			District	, , , ,		
3 FEDERAL ST.			·	10		
Name SHN CERTOSSKY Mailing address 3 Federal ST. City, zip code BRUNSWICK 0401	1		Phone 37	373-1328		
	DERIVED F	ROM EMPLOYMENT B	Y ANOTHER			
List the name and address of each private or public whom you received compensation of \$1,000 or more						
☐ None	021 N 100 N 1 N 100 N			NATIONAL AND AN AREA CONTRACTOR AND AN AREA CONTRACTOR AND AREA CO		
Name of Employer	Address		Princip	Principal Type of Economic Activity of Employer		
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				i di identica		
PART 2. INCOME DERI	VED FROM S	ELF-EMPLOYMENT O	R LAW PRACT	TICE		
A. List the name and address of your business or laderived income. If associated with a partnership, fir activity or practice of that entity.						
None	en de la company de la comp	alakk bilanust ir asusta arkeintii et simulai atsivõevideikiliittä kusttasii atsivan aateetin kun sekse, ee kää	ના કરવાની કેલે કર્યા છે. જેવાને જેવા દેવના અન્ય તે કે તેના હોતાને જેવાને અને અને હતી છે. તેને કર્યા છે. પાસના ઘન અલગા છે. જેવાની કર્યા હતી છે. જેવાને કર્યા હતી હતી છે. જેવાના કરન અલગા હતી હતી હતી છે. જેવાના કરન અલગા હતી હતી હતી હતી હતી છે. જેવાના કરન અલગા હતી	мен өн один жүтин калан кана катанан такын ката котор урбан кана кыргыз байга байгай өн один байгай жүгүй бөгө Эмгектерия жана кана кана кана кана кана кана кана		
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:	1000	- North Control of the Control of th	To design the second se	and the second s		
Address:		art dar still trock til still	rt sellert kall 2004 fra 1800 til sen skrivet fra 1800 til sen skrivet fra 1800 til sen skrivet fra 1800 til s	welen-1923 SAC-5-4-12, 2014-4-5-4-4-3-3-4-4-4-4-3-3-4-4-3-3-4-4-3-3-4-1-1-1-1		
Name:						
Address:						
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PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOYMENT
\$1,000, whichever is greater, and specify the principal type of eco	aw practice that represents more than 10% of your gross income or onomic activity of the entity or person from whom you derived such tablished code of professional ethics, specify only the principal type of derived.
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 SC	DURCES OF INCOME
List each source of income of \$1,000 or more not listed in Parts 1 or 2 box.	
None	Kind of Income
Name and Address of Source	(investments, leases, etc.)
Name: Address:	a ranning account of the control of
ACCIPESS:	
Name:	
Address:	
Name:	
Address:	
PART 4. REPORT	ABLE LIABILITIES
	nore that you received during the reporting period, and list the major bilities, educational loans, loans from a relative, or business loans from
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
мате:	
Address:	
Name:	1000 100
Address:	
PART 5. GIFTS, INCLUDING TR	AVEL AND ACCOMMODATIONS
List the specific source of gifts received during the reporting period wit	th an aggregate value of more than \$300. If none, check the box.
None	
Name of Source of Gift	Name of Source of Gift
1.	3.
2.	4.

P/	ART 6. HOI	NORARIA			
List the source of any honoraria accepted for appearances	or speeches	. If none, check the box.			
None		on synthetism, massimiliamin, welk-korrendular dam da kralaristik de side etti dillindismi velatiklisid silletik de			
Name of Source of Honoraria	NI POUT NO POU	Name of Sc	ource of Honoraria		
1.	vices visas is said.	3.			
2.	HOUSE CITY TO DAY . IN THOSE THE STATE OF TH	are transfer and the second and the second are the second and the			
PART 7. REPRESEI	NTATION E	BEFORE STATE AGENCIE	S		
List each executive branch agency before which you repre box.	sented or as	ssisted others for compensatio	n of any amount. If none, check the		
None			et Policie (II de l'Archive de la live de l'Archive) de la litte de la live de la communication en de la live de la litte de l		
Name of Agency		**************************************	to the control of the second and the control of the		
1.		3.			
2.		4.			
	e verzele e i si di	H STATE AGENCIES			
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or					
None	99990000000000000000000000000000000000		130000NABE BEV BUILDER (TEETZY) FATHY PETECKY OF CONTESTED (TOTAL STANKE) FOR STANKE (TOTAL STANKE)		
Name of Agency		Name Name	en en de Agency E of Agency		
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2.	when white a with contract of when the contract of the contrac	4.			
PART 9. INCOME RECEIV	1,344.3				
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kir of \$1,000 or more, list his or her name and job title. List only not include gifts.	nd of income	represented. If your spouse of	or domestic partner received income		
Name of Spouse or Domestic Partner and Job Title		rpe of Economic Activity esenting Source of Income Received	Kind of Income		
			A second		
Name:	1 2		1 2		
Job Title:	3.		3		
Dependent Child(ren) - Job Titles Only	WORK WATER TO A PROTEST PROTES	мамине мактом мень него и и постанование на невы объектом на постанование постанование постанование постановани	TRANSMINISTER OF STATE AND ALL AND THE TRANSMINISTER AND ALL AND AND AND ALL AND		
Job Title:	A company of the Company of Compa				
Job Title:	**************************************				
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held any office,	it or nonprofit corporation trusteeship, directorship s compensated. If a fam	, or position of any na	ature. Indi	cate wheth	er you or a family i	member held the po	sition and whether
□ None			ALT AN ARCHITECTURE OF STREET, AND STREET,	eseralishamila (weiseas thianns sy stabiliw	Termon V. V. Agrama, V. Lance Tonas Tonas Services and Establish Service (Services) his Period Selection (Additional Confession of the Period Selection (Additional Confession of the Period Selection (Additional Confession of the Period Selection (Addition of the Period Selection of the Period Selection (Addition of the Period Selection of the Period Selection of the Period Selection (Addition of the Period Selection of the Period Selection of the Period Selection of the Period Selection (Addition of the Period Selection of the Period Selection of the Period Selection (Addition of the Period Selection of the Period Selection of the Period Selection of the Period Selection (Addition of the Period Selection of the Per	proprinter produce de transporte en de la produce de l	779998799964899944071149855511159855644.78455555599999999999915454645664555561251
	Organization/Busines and Address		Title		Position Held By:	Family Member's Name	Compensated?
PARKVIE BRUNSWIE	w Adventice to K ME. 04011	lospital	BOND	Меньех	MEABER OF BOMED	NIA	- 0 2
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Please provide	Signature signature any additional inform you are providing. U	ation below (and o	ONAL IN	ıal sheets	ION	Onte Date cate the part or se	ection number for
	you are providing. O		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	BOOK LEPTON SENS K ZETOLOGICE SPROOKENS SCREENSWESS	odwyddiai i pydigiai e ddiaillia y dallan o ddiaid a amellaiai (ll. 2010).	aziki karalayya-akaranaka ya karanca a angazara angazara kara azikala (kalandan angaza)	
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PART 10. OFFICER OR DIRECTOR POSITIONS