

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.

	EGISLATOR INFORMATION	
Name Jotey A. Git Mailing address 346 troot Street City, zip code Lincoln Center	Gord	Office: ☑-House ☐ Senate District
346 Front Street	·	12
City, zip code	04467	Phone 2 07 - 794 - 3090
	0978 /	2011211
PART 1. INCOME I	DERIVED FROM EMPLOYMENT BY AN	OTHER
List the name and address of each private or public whom you received compensation of \$1,000 or more.		
None		
Name of Employer	Address	Principal Type of Economic Activity of Employer
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PART 2. INCOME DERIV	ED FROM SELF-EMPLOYMENT OR LA	W PRACTICE
A. List the name and address of your business or law derived income. If associated with a partnership, firm activity or practice of that entity.	w firm, if any, and list the major areas of econo , professional association, or similar business	omic activity or practice from which you entity, list the major areas of economic
None		
Name and Address of Business Entity or Law Fire	m 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:	AND THE PROPERTY OF THE PROPER	
Address:		

PART 2 (continued). INCOME D	ERIVED FROM SELF-EMPLOY	(MENT
B. List each source of income derived from self-employment or \$1,000, whichever is greater, and specify the principal type of e income. If this form of disclosure is prohibited by law, rule, or an economic activity of the entity or person from whom the income was	conomic activity of the entity or pestablished 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:	. Мешена голония тенен мет монто понто на начина на начина на немерення на пределения на пределения общення вод	те от при
Address:		
PART 3. OTHER S	SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 obox.	r 2 of this form. Do not include gifts	or honoraria. If none, check the
₩ None		
Name and Address of Source	·	Kind of Income (investments, leases, etc.)
Name:	от се и выполня в составления в соста	general meneral manifest of the second control of the second contr
Address:		
Name:	Part were the provided the Common Science desired and the removable of the Common Science of the Common Scienc	international principle of the following of the control of the con
Address:		
Name:	¹⁰ Tankiya harinda (kaji myanana ana ana ana ana ana ana ana ana a	
Address:	·	
PART 4. REPOR	TABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or areas of economic activity of each creditor. Do not list credit card list regulated financial institutions. If none, check the box.	more that you received during the abilities, educational loans, loans from	reporting period, and list the major om a relative, or business loans from
⊠ None	TV da art man, month of the state and a state of the stat	ermenen der menne konstruktion ander der kritische verbreit der der der kritische der der der der der der der der der de
Name and Address of Creditor		Principal Type of Economic . Activity of Creditor
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Address:		
Name:	стоположения для на постоящений вышительного выдываем об вышений реворит отновый согруппи доставления отновного выда об доставления вышений выда об доставлений выда об доставлений вышений выда об доставлений вышений выда об доставлений вышений вышени	and the control of th
Address:		
PART 5. GIFTS, INCLUDING T	RAVEL AND ACCOMMODATION	ONS
List the specific source of gifts received during the reporting period v	vith an aggregate value of more that	n \$300. If none, check the box.
X None		86 до починателно в 1 об 62 бо 4 в Во повой вышения на почина почина у почина на почина почина почина почина п
Name of Source of Gift	NE AND AND THE PROPERTY OF THE	Source of Gift
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List the source of any honoraria accepted for appearances	or speeches. If none, check the box.	- COMM - SOURCE		
None		amma aussus keliilide kantora adalees alaksistatiinet lä aliitat kakisetti 1967-1111 1110 ett 1961-1969-1969-1969-1969-1969-1969-1969		
Name of Source of Honoraria	Name of S	Source of Honoraria		
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2.	4.			
PART 7. REPRESE	NTATION BEFORE STATE AGENCIE	8		
List each executive branch agency before which you reprebox.	esented or assisted others for compensation	on of any amount. If none, check th		
X None	oor juqaanda taga ah qaasaan aa aa aanaa aanaa taraa tagaa ah oodo aad dad ah aa dad dhiidhiidhiidhiidhiidhiidhiidhiidhiidh	ariya gariinin (o garii ariya garii agarii a		
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None Name of Agency 1.	Nam 3.	Name of Agency 3.		
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2.	4.	4.		
PART 9. INCOME RECEIVE List the type of economic activity representing each source dependent child(ren) during the reporting period and the kilon 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	y your spouse or domestic partner of or domestic partner received incom		
Name of Spouse or Domestic Partner and Job Title	. Type of Economic Activity Representing Source of Income Received	Kind of Income		
Name:	1	1		
	2	2		
Job Title:	3.	3.		
Dependent Child(ren) - Job Titles Only				
Job Title:				
Job Title:				

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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