

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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Office: 45 Memorial Circle, Augusta, Maine

JAN 17 2012

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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.

	LEGISL	ATOR INFORMATION			
Name Adum Goode  Mailing address PO By Z681			Office:  Mathematical House		
City, zip code Baryor 04402- 2681			Phone 191-7000		
PART 1. INCO	ME DERIV	ED FROM EMPLOYMENT BY AN	OTHER		
List the name and address of each private or pu whom you received compensation of \$1,000 or n					
☐ None	-1999-A-1-12-11-11-11-1-1-1-1-1-1-1-1-1-1-1-1		e garage services and which relatives his his his his his had an electric state of the GEA district SECTION SECTION (COMPANY COMPANY AND		
Name of Employer	Address		Principal Type of Economic Activity of Employer		
Maine Peoples Alvane	27 State St. Ste. 44 Barger O4461		Community Organizing		
Muire People's Pesone Center	27 Stute St. She. 44 Bangar 04401		Community Organizing		
Bunyer School Department	835	Browlary Burger, 04401	Coach		
PART 2. INCOME DE	RIVED FR	OM SELF-EMPLOYMENT OR LA	W PRACTICE		
A. List the name and address of your business derived income. If associated with a partnership activity or practice of that entity.					
None		TOP CONSIDER OF BASIN IN MORPH TO LEAST AND AN AND AN AND AN AND AN AND AN AND AN AND AND			
Name and Address of Business Entity or La	Name and Address of Business Entity or Law Firm		Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)		
Name:	Agustanory massard I Allad				
Address:					
Name: Address:	૧૧૧ - ૧૧૧ - ૧૧૧ - ૧૧૧ - ૧૧૧ - ૧૧૧ - ૧૧૧ - ૧૧૧ - ૧૧૧ - ૧૧૧ - ૧૧૧ - ૧૧૧ - ૧૧૧ - ૧૧૧ - ૧૧૧ - ૧૧૧ - ૧૧૧ - ૧૧૧ - ૧૧	eggestaggesprograminge er agerten erg annensennen speri, hrus mennes helm unmand an mende än mendel an ett midd for det debunnes det det 1996 det de de	родина до в выпорожения водит до вод вод вод вод вод вод вод вод вод		

PART 2 (continued). INC	OME DERIVED FROM SELF-EMPLO	YMENT
B. List each source of income derived from self-employr \$1,000, whichever is greater, and specify the principal ty income. If this form of disclosure is prohibited by law, rule economic activity of the entity or person from whom the income.	pe of economic activity of the entity or p , or an established code of professional eth	erson from whom you derived such
Name and Address of S	Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		
Address:		
Name:	TOTAL MEN STATE AND	THE PROPERTY OF THE PROPERTY O
Address:		1
PART 3. O	THER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in P box.	Parts 1 or 2 of this form. Do not include gifts	s or honoraria. If none, check the
<b>⊠</b> None	Elle del del Black de la colon de la colon del colon del colon del colon del colon del colon de la colon del c	CONTRACTOR OF THE SECOND CONTRACTOR SECOND S
Name and Address of S	Source	Kind of Income (investments, leases, etc.)
Name:	70 (FRI MANIA PARA) (MANIA PARA)	перенаминальност энчестрать на ант нестрониционня суден учество на несемення общення выполнения на несемення на
Address:		To the second se
Name:	ara-manananan mananan mananan katan mananan mananan mananan mananan mananan mananan mananan mananan mananan ma Tanan	And details records records and another records and records and according to the control of the
Address:		A commenced with the control of the
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Address:		
PART 4. F	REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3 areas of economic activity of each creditor. Do not list credit regulated financial institutions. If none, check the box.	,000 or more that you received during the it card liabilities, educational loans, loans from	e reporting period, and list the major om a relative, or business loans from
None	ทิศตินักที่สินใหญ่ เป็นใหญ่ เกิดใหญ่ เกิดให้เพิ่มใหญ่ เมื่อเป็นค้อเลของเหมื่อและเลของ และเลของ และเลของ และเลข เกิดใหญ่ เกิดใหญ่ เกิดใหญ่ เกิดใหญ่ เกิดให้เพิ่มใหญ่ เกิดใหญ่ เกิดใหญ่ เกิดใหญ่ เกิดใหญ่ เกิดใหญ่ เกิดใหญ่ เกิดใหญ่	mmatamananaputun kanamananakan kanamatan kanamatan kanamana kanamana kanamana kanamana kanamana kanamana kanam
Name and Address of Cr	Principal Type of Economic Activity of Creditor	
Name:		
Address:		
Name:	entre automotiva (1900-1908) (1909-1909) (1909-1909) (1909-1909) (1909-1909) (1909-1909) (1909-1909) (1909-190	general ann der de Service de mit de mais instrument de la contract de mais de la competencia de mais
Address:		
PART 5. GIFTS. INCLUE	DING TRAVEL AND ACCOMMODATION	ons
List the specific source of gifts received during the reporting		
None		2000 20 de 1800 de 1802 de 180 Estado de 1802
Name of Source of Gift	Name of	Source of Gift
1.	3.	
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	ART 6. HONORARIA			
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.			
<b>⊠</b> None				
Name of Source of Honoraria	Name of S	ource of Honoraria		
1.	3.	ka manda (Amida) da kalanda ka ka mangara pamara sa mana ka dara ka da manda ka manda (Billia (Billia (Billia (Billia (Billia) (Billia (Billia) (Bi		
	4.			
PART 7. REPRESEN	NTATION BEFORE STATE AGENCIE	·s		
List each executive branch agency before which you repre box.	sented or assisted others for compensation	on of any amount. If none, check the		
None				
Name of Agency	A control of the cont	e of Agency		
1.	3.			
2.	4.			
PART 8. BUSI	NESS WITH STATE AGENCIES			
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or				
None				
Name of Agency	Nam	e of Agency		
1.	<b>3</b> .	<b>3</b> .		
2.	4.	можения в потращения в подоставления до		
PART 9. INCOME RECEIV  List the type of economic activity representing each source	ED BY MEMBERS OF IMMEDIATE F			
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	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:	1	1		
Job Title:	2	2		
obb fille.	3	3		
Dependent Child(ren) - Job Titles Only				
Job Title:	·			
Job Title:				
Job Title:		TRANSPORTED TO		

held any office, to	or nonprofit corporati rusteeship, directorshi compensated. If a far	p, or position of any r	nature. Indicate whe	her you or a family	member held the pos	sition and whether
None			THE PROPERTY OF THE PROPERTY O	The state of the s		Assess Assessary Assesser
Provide grant and a second original and a second and a second and a second as a second and a second and a second as a second and a second and a second and a second as a second and a second and a second as a sec	Organization/Busine and Address	SSS.	Title	Position Held By:	Family Member's Name	Compensated?
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			A CONTRACTOR OF THE CONTRACTOR		7	
			SIGNATURE			
Signature			1/10/17 Date			
	any additional infor you are providing.	mation below (and		nermann seum no commencia de extransco está esta media moderná está desente está el 2000 de 2000 de 2000 de 20	icate the part or se	ection number fo
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