



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 Clerk of the House or Secretary of the Senate 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 _		Office:
Mailing address	3~IM	House ☐ Senate
		District
97 Farms Edge	Road	\$ 109
L City zin code	i de la companya de l	Phone
North Marmou	th, Maine 0409)	201)846-0049
	A) ALLEMAN AND AND AND AND AND AND AND AND AND A	
PART 1. INCOMI	E DERIVED FROM EMPLOYMENT BY AND	OTHER STATE OF THE
List the name and address of each private or publi whom you received compensation of \$1,000 or mor		
☐ None	AND CONTRACTOR OF CONTRACTOR O	egy argug anggreganyagi annna o mary aminina ana ana ana ana ana arana o marin da anggreganyagi annna o mary a
Name of Employer	Address	Principal Type of Economic Activity of Employer
	04(0)	School-Based
City of Portland, Maine	Corgress St. Portland, 6	ME Health Centers
and the first section of the second s	and the second s	Garrin meit
Maine State House of Represent	1 1 2 2 2 State 1 2 State	- t a MA E
11. ache / ale (160) e 61 (2/0/05/2)	- 6-1	5051-11
PART 2. INCOME DERI	VED FROM SELF-EMPLOYMENT OR LAW	/ PRACTICE
A. List the name and address of your business or derived income. If associated with a partnership, fill activity or practice of that entity.		
None		5566(4999-04-00-04-04-04-04-0
Name and Address of Business Entity or Law F	Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)
Name:		
Address:		
		BRANDER BESTER HELLEN HELLEN STERNINGEN STERNINGEN BRASINGEN GER SPREIGEN VERWENNEN WEREN WERT WEREN WEREN WEREN WEREN WEREN WERT WEREN WEREN WERT WEREN WERD WERT WERD
Name:		
Address:		

	Place to the first of the first		
PART 2 (continued). INCOME DE	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 ecincome. 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 postablished 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:	1954-1984 Andre Collection of the Collection of		
Address:			
Name:	enderen (160 mil 2012 de la Proposition de Constant de La Proposition de La Proposit		
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 honoraria. If none, check the	
None	1875 - 1876 - A 1874 - Marie M	right statistical cash he control of the control of	
Name and Address of Source		Kind of Income (investments, leases, etc.)	
Name: TD Ameritrade POB 2209 Address: Omaha, NE 68103	What is the state of the state	capital gain From	
Address: Omaha, ME 68103	details	cartal gain from stocks hot availble until after Felo 15, 2012	
Name:	PRINCIPATI TO STATE OF THE CONTROL CON	after Felo 15, 2012	
Address:		·	
Name:	31-4475-4-6-6-8-449-4-6-1-4-555-6-6-55-4-4-6-55-4-6-6-6-4-6-6-6-4-6-6-6-4-6-6-4-6-6-4-6-6-4-6-6-4-6-6-4-6-6-4-6		
Address:		-	
PART 4. REPORT	TABLE LIABILITIES		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or r areas of economic activity of each creditor. Do not list credit card lia regulated financial institutions. If none, check the box.	more that you received during the ibilities, educational loans, loans from	reporting period, and list the major om a relative, or business loans from	
None	MITTONI MATTONI MA	entre Angel Part (1999-1990) (1999-1999-1999-1999-1999-1999-1999-199	
Name and Address of Creditor	7.000 PM 2000	Principal Type of Economic Activity of Creditor	
Name:	THE THE PROPERTY OF THE ANGEL AND ADDRESS		
Address:		i	
Name:	N ACTION AND THE STATE OF THE STATE AND ACTION AND ACTION AND ACTION AS A STATE ACTI	red of her on a construction activities and materials are account or the state of the framework of the state	
Address:	TOTAL STATE OF THE		
PART 5. GIFTS, INCLUDING TR	RAVEL AND ACCOMMODATION	DNS	
List the specific source of gifts received during the reporting period wi	ith an aggregate value of more than	n \$300. If none, check the box.	
None			
Name of Source of Gift 1	Name of S	Source of Gift **TOTAL PROPERTY OF THE PROPER	
Thomas 4 Palmer Jre	IMPORTANCE 43	3 75 1	
2. /	4.	,	

	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 Source of Honoraria		
1.	3.		
2.	4.		
PART 7. REPRES	ENTATION BEFORE STATE AGENCIES		
List each executive branch agency before which you repbox.	presented or assisted others for compensation of any amount. If none, check the		
None			
Name of Agency	Name of Agency		
1.	3.		
2.	4.		
\$1,000 during the reporting period. Indicate whether you None	ember of your immediate family sold goods or services with a value in excess o or a family member sold the goods or services. If none, check the box.		
Name of Agency	Name of Agency		
1.	3 .		
2.	4.		
PART 9. INCOME RECE	IVED BY MEMBERS OF IMMEDIATE FAMILY		
dependent child(ren) during the reporting period and the	rce of income of \$1,000 or more received by your spouse or domestic partner of kind of income represented. If your spouse or domestic partner received income only the job title of dependent children who received income of \$1000 or more. Do		
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received Kind of Income		
Name: Royald W. Graham Jr.	1. Seacoast United Coach. Stiperd 2. MSND#SI Coach 2.		
Job Title: Soccer Coach Bubst, tute teacher	3/K-12-Substitute 3. WOAD #51 Teacher		
Dependent Child(ren) - Job Titles Only			
Job Title: To cket Sales / Whal	e Walch Compary salarz		
Job Title:			
Job Title:			

di 2 66602001 GGGGTTU Ja-6603 z Pinku www.umponnega cozyzy							
	Organization/Bus and Address	iness	Title	Position Held By:	Family Member's Name	Compensated?	
		TAN MILITA ZAN SAKUT NE 6600 OZIONO TATAGETE ZATIBA KATANAKANO SILIBAT NELALAN SAKUT ANAMATA AMBANINA SAKUT AM			atte gal sacratation of Birthela and American Action Health American Action Conference on Action Conference Co		
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			SIGNATURE				
villfully filed a	false statement, it	etement is a Class E cr shall refer its findings o	of fact to the Attorn	ey General. (1 M	.R.S.A. § 1019)		
	Signature	5 Cam		-0/	Date		
		ADDIT	IONAL INFORMA	ΓΙΟΝ			
Please provid	e any additional int	formation below (and o	on additional sheet	s if needed) Indi	cate the part or se	ction number fo	
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the information Part/Section Number							

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.