



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

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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		Office:			
JAMES M HAMBUR		Dd House ☐ Senate			
Mailing address			District		
1023 KING ST			100 Phone 539 4586		
City, zip code	•	· · · · · · · · · · · · · · · · · · ·	Phone		
OXFORD	6	9/270	534 4586		
	. 11				
PART 1. INCOM	ME DERIVE	D FROM EMPLOYMENT BY AN	OTHER COLLEGE TO THE SERVICE S		
List the name and address of each private or pul whom you received compensation of \$1,000 or mo	blic employer ore. Specify	r, including the Legislature and any a the principal type of economic activity	gency or subdivision of the State, from of each employer.		
None	2001 (Chilling of NAPA) (Child and Administrate a managed on a management of				
Name of Employer	t typ heidit 2 halfet die Salde Lautheria voor heer her her in meers de oor o	Address	Principal Type of Economic Activity of Employer		
BARTOW CONSTRUTTON	RT.	121 07131116 CD	LONSTRUCTION		
ME. STATE HOUSE OF REALESCOTATIVET	1 5TH	ME ALUSTIT	GOVERNMENT		
PART 2. INCOME DEF	RIVED FRO	M SELF-EMPLOYMENT OR LA	N PRACTICE		
A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity.					
None	KA DOMINININININININININININININININININININ	and the second	мителя (15 в в на настрой подоворя на настрой настрой не на невори не на настрой на принципалной на настрой па		
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 simil business entity)		
Name:	177 (177)	The state of the s			
Address:					
Name:	THE COLUMN THE PROPERTY OF THE COLUMN TH	999999 http://doi.org/10.00000000000000000000000000000000000			
Name: Address:					
Audiess.					
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PART 2 (continued). II	NCOME DERIVED FROM S	SELF-EMPLOY	MENT
B. List each source of income derived from self-emp \$1,000, whichever is greater, and specify the principal income. If this form of disclosure is prohibited by law, a economic activity of the entity or person from whom the	al type of economic activity of rule, or an established code of	the entity or per	rson 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:		A A A A A A Y A A	
Name:	also-Anto-Alaco (Action de Sistante General de Principil amende texto de demonstrator de Contratte de de Cambrillo (Action Contratte de Contrattor de Contrattor Contrattor de Contrattor C		остипення (1974—1975 рек 1971 — 1975 году от проценения с нения и нением нением на населения до дистем достива
Address:		200 may 6 1 1 c c c c c c c c c c c c c c c c c	
PART 3.	OTHER SOURCES OF INC	COME	
List each source of income of \$1,000 or more not listed box.	in Parts 1 or 2 of this form. Do	not include gifts of	or honoraria. If none, check the
None	mill Mallow d Managarian photograph (Lad d Miller State de la Caladon del 100 Parts N.) de la la la la competito de la	NORMANISTRUMAA AMEERIAA NAMUUSIN VARANA AAAAA RUUGAA EE E	સાલાસામાં અહત્યા લાક લાક લાક લાક લાક લાક લાક લાક લાક લા
Name and Address	of Source		Kind of Income (investments, leases, etc.)
Name:		The advantage of the state of t	
Address:	•	s sa Baldinar dissassa	
мате:	ng (CLOCK COST) or Alberton (A turnish and CLOCK COST) And A A A A A A A A A A A A A A A A A A	A A ANDRONA COME AND	MANAGEMBER STANDINGER EINER BETTE VOR EIN AN BERKEN STEILE STANDEN STANDINGER VOR VERWENDE VOR VERWENDE VERSCHEINE VOR VERWENDE VERSCHEIN VOR VERWENDE VERSCHEIN VOR VERWENDE VERSCHEIN VOR VERWENDE VERSCHEIN VOR VERSCHEIN VERSCHEIN VOR VERSC
Address:		hard parkl share a trans-	
Name:	edak 13 alban Ariah (melakka) (Maharaha) (Ma		18 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -
Address:		Ki di u romani	
PART	4. REPORTABLE LIABILIT	ries	
List the names of creditors for any <u>unsecured</u> loans of areas of economic activity of each creditor. Do not list or regulated financial institutions. If none, check the box.			
None			
Name and Address of	of Creditor		Principal Type of Economic Activity of Creditor
Name:	AND AS PRINCIPATION OF THE AND THE ADDRESS AND THE OWNER OF THE AND THE ADDRESS AND THE ADDRES		generation on author and requestion and provincial conference who have been a dealer of the limit of the limi
Address:		Out frequency and an artist of the second and a second an	
Name:	erous anno sa calabrata de la constante de la c	можения од настроине в наст	aasaan kun ee ee ee ee ee ee ee ee ee aan oo ee ee aa aan oo ee
Address:			
PART 5. GIFTS, INCI	LUDING TRAVEL AND ACC	COMMODATIO	NS
List the specific source of gifts received during the report	ling period with an aggregate v	alue of more than	\$300. If none, check the box.
"☑″None		а допурования на <u>приняти на приняти на прин</u> а	
Name of Source of Gift .	MACRO MATERIAL STATE OF A CONTROL OF A CONTR	Name of S	ource of Gift  was a superior of the superior
1.	3.		ny amin'ny amin'ny pagamapangana ny taona manany ao
2.	4.		

List the source of any honoraria accepted for appearances	ART 6. HONORARIA	
by the distribution of the contract of the c	of speeches. If folie, check the box.	gengg enne aarenne ar er er er klûrele er el dû die klûnde de klûnde dû die klûnde dû de klûnde dê dû die dû di
None	No. of C	Source of Honoraria
Name of Source of Honoraria		
1.	3.	
2.	4.	n de la casa de la casa de la casa de casa vener en
PART 7. REPRESE	NTATION BEFORE STATE AGENCI	ES
List each executive branch agency before which you reprobox.	esented or assisted others for compensat	ion of any amount. If none, check the
☑ None		
Name of Agency	Nar	me of Agency
1.	3.	
2.	4.	adautemente en engren menegogi de programa anta ampleto anna en
\$1,000 during the reporting period. Indicate whether you on Name of Agency		me of Agency
Name of Agency  1.	Nan           3.	me of Agency  шточништи настоянно на баса байна сова (общено на начина на начина баса общено на начина на на начина
2.	<b>4</b> .	
PART 9. INCOME RECEI List the type of economic activity representing each source dependent child(ren) during the reporting period and the k of \$1,000 or more, list his or her name and job title. List or not include gifts.	and of income represented. If your spouse	by your spouse or domestic partner of e 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: <u>LYNN HAMPER</u> Job Title: <u>C5R</u>	1. BANKING 2.	1. WH&ES
Job Title: CBR	2	2
-	3	3
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		
Job Title:		

	PART 10. OF	FICER OR DIRECTO	R POSITIONS		
held any office, t	t or nonprofit corporation, firm, association trusteeship, directorship, or position of any compensated. If a family member is liste	y nature. Indicate wheth	er you or a family r	nember held the po-	sition and whether
☐ None	1999-1995 (1995) (1995	III MXXXXII MXXXII MXXXIII II MAAXXII II MAAXXII II MAAXXII II MAAXXII II MAAXXII MAXXII MAAXXII MAAXX	THE PROPERTY OF THE PROPERTY O	uttinge Property Party Society Prince (en progental 1 automobile 1 aut	на достоя на принципа в на достоя на достоя на достоя на принципа на принципа на принципа на принципа на принц На принципа на
TO A wide to the Control of the control to the control of the Cont	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
STEPHE	N'S NEWORIAL HOSPITAL	BOARD	WIFE	EXNI	NO
			MINISTERIO PER MENERA		
Willully liled a ra	alse statement, it shall refer its finding	S OF FACE TO THE ALLOTHE	ey General. (Tivi	.R.S.A. § 1019)  ///  Date	_
Please provide the information	ADD  any additional information below (and you are providing. Use additional page)	ITIONAL INFORMAT d on additional sheets ges, if necessary.	SECURIO DE SECURIO DE COMPANSO DE COMPANSO DE SECURIO DE SECURIO DE SECURIO DE SECURIO DE SECURIO DE SECURIO D	cate the part or se	ection number for
Part/Section Number					
	reference in the second process of the second process of the second process of the second process of the second		одинент в подписато на подписато		recention and all controls and any part and