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JAN 17 2012

Maine Ethics Commission

RECEIVED 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.

	LEGISI	ATOR INFORMATION	
Name STEPHEN P. Mailing address	14A FI	- E √	Office: ☐ House ☐ Senate District
City, zip code	STREE		59 Phone
GARDINER, M	MINE	, 04345	<i>582-90</i> 73
PART 1. INCO	ME DERIV	ED FROM EMPLOYMENT BY ANO	THER
List the name and address of each private or pu whom you received compensation of \$1,000 or m	ıblic employ nore. Specif	er, including the Legislature and any ag y the principal type of economic activity	ency or subdivision of the State, from of each employer.
Wone			
Name of Employer		Address	Principal Type of Economic Activity of Employer
ME, STATE HOUSE OF REP.	Z STATE	E HOUSE STATION, AUGUSTA, ME,	LEUSE HMENT
A. List the name and address of your business of the second	or law firm, i		mic activity or practice from which you
derived income. If associated with a partnership, activity or practice of that entity.	, arm, profes	ssional association, of similar pusiness e	entity, list the major areas of economic
☑ None	lindlen VI liden Allesland Asservery (1) annanne grey annann gar	A STORY OF THE WAY OF	young parameter and a superior and a
Name and Address of Business Entity or Lav	w Firm	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:	enner reducement en demand, de primitig i de décembré habite		entangen entangen en e
Address:			: : : :

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PART 2 (continued). INCOME DEI	RIVED FROM SELF-EMPLOY	(MENT
B. List each source of income derived from self-employment or la \$1,000, whichever is greater, and specify the principal type of eco income. If this form of disclosure is prohibited by law, rule, or an est economic activity of the entity or person from whom the income was described.	pnomic activity of the entity or p tablished code of professional eth	erson from whom you derived such
Name and Address of Source	Sociation for universal and a shall also demand a sense of a sense of a shall	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	UMPEN DE BESCHOOL EERST DE TORRESSE GEET SEEL EMPLES DE TOURS DE LEISE EERST DE EERST DE BESCHOOL EERST DE BESCHOOL EERST DE EERST DE LEISE EER	
Address:		
Name:	точных метецинальностинения на почения точностью почения на настройный профессору в формация для для общений доступации для	
Address:		
PART 3. OTHER SO	DURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 or 2 box.	? 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: STATE STREET	чены в законошено, за обложен сим многовых коношено настра вышим и история выполнения и история и история	Agrandes and the context of the first of the context of the contex
Address: PO BOX 5149, BOSTON, MASS. O	2206-5149	RETIREMENT PENSION
Name: ALLIANZ FINANCIAL SERVICES	-ти истеп петер-положения постоя « The выпольный в в почетот петементи инченсования поможения поможения поможе -	inde hillement and aire chaire and at the vision having horocause at heavith 4 is the trainment are natural
Address: 5 701 GOLDEN HILL DR., MINNEAPO	OUS MAL SEM	Λ/ <i>μ</i> / ₁ ,τ3./
Name: SOCIAL SECURTY, NORTHEAST, 1 71	•	RETIREMENT
Address: JAMAICA, N.Y. 11432	, , , , , , , , , , , , , , , , , , , ,	
PART 4. REPORT	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mareas of economic activity of each creditor. Do not list credit card liab regulated financial institutions. If none, check the box.		
None	vil (1) kan an in talka (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	1972/9/1978/9/9 VI allo trade (California) (California) da	франция на положения положения в достоящей до программент достоящей достояще
Address:		
Name:	«Вомя» 1000 СССС на ССС на СС на ССС	manting affecting promption and photosylchy disputational promptions of equipment of the contraction of the
Address:		
PART 5. GIFTS, INCLUDING TRA	AVEL AND ACCOMMODATION	ONS
List the specific source of gifts received during the reporting period with	h an aggregate value of more tha	n \$300. If none, check the box.
None		
Name of Source of Gift 1.	Name of 3.	Source of Gift
2.	and the second s	MATERIA STANDER FOR THE COMPANIES OF THE STANDER OF

	ART 6. HONORARIA			
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.	an seng on the name to consome some one of the consome some of the consome of the consone of the consome of the consone of the consome of the		
None				
Name of Source of Honoraria	Name of S	ource of Honoraria		
1.	3.			
2.	4.			
PART 7. REPRESE	NTATION BEFORE STATE AGENCIE	S Mark Comment		
List each executive branch agency before which you reprebox.	esented or assisted others for compensation	on of any amount. If none, check th		
None	менуулуу туучун	gen personal de la compression della compression		
Name of Agency	Nam	oopen, and to refer for the contribution of the state of the contribution of the contr		
1.	3.			
2.	4.	en e		
Name of Agency		Name of Agency		
\$1,000 during the reporting period. Indicate whether you or None				
1.	3.			
	y in saluet and identificate acceptable in North Colonications on the Machine (1905) — company of the Colonication of the Colo	man di didi.		
2.	4.			
PART 9. INCOME RECEIV				
List the type of economic activity representing each source dependent child(ren) during the reporting period and the ki of \$1,000 or more, list his or her name and job title. List on 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		
NONE	erverer species care-reverence conseque ament a forestate causaix de la desta de la deliveración deliveración deliveración de la deliveración deliveración de la deliveración de	2004-200-200-200-200-200-200-200-200-200		
Name:	1	1		
Job Title:	2	2		
JOB TRIE.	3	3.		
Dependent Child(ren) - Job Titles Only				
Job Title: NONE				
Job Title:				
loh Titler	manus _{and} maganaga na sanara na manus	940, 2000, 1940, 1		

	compensated. If a fam	ily member is listed,	nature. Indicate wheth , indicate your relation	ner you or a family i ship and the name	nember neid the pos of the family membe	r.
None						
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MAQUE	Signature	ADDIT	IONAL INFORMAT		05/ 2012 Date	
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PART 10. OFFICER OR DIRECTOR POSITIONS