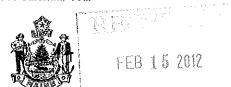
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775



## Melino Facility (Melino Facility 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.

mistra ou un librar de la finchiada.	LEGISL	ATOR INFORMATION		
Name Denise Harlow			Office: ☑GHouse ☐ Senate	
Mailing address  3 b Broadway  City, zip code  Ontland			District	
City, zip sode		04103	207 40 9 0 8 70	
PART 1. INCOM	IE DERIV	ED FROM EMPLOYMENT BY ANO	THER	
List the name and address of each private or pub whom you received compensation of \$1,000 or mo	olic employe ore. Specif	er, including the Legislature and any ag y the principal type of economic activity o	ency or subdivision of the State, from of each employer.	
None ADDO SORT 1/00	<del>Daniel Marie Mari</del>		907 PP 4 PP 5 PP 5 PP 5 PP 5 PP 5 PP 5 PP	
Name of Employer	TISSISION KN OOSTIIKKKI KN SIISIIN KN KKON OO UURUUR OO UURUURUUR OO UURUURUUR OO UURUURUUR OO UURUURUUR OO UURUURUURUURUURUURUURUURUURUURUURUURUUR	Address	Principal Type of Economic Activity of Employer	
State of Maine	25 An	tate House Station gusta 04333	legislator	
		/	l .	
PART 2. INCOME DER	RIVED FRO	OM SELF-EMPLOYMENT OR LAW	PRACTICE	
A. List the name and address of your business or derived income. If associated with a partnership, f activity or practice of that entity.	law firm, if īrm, profes	any, and list the major areas of econor sional association, or similar business e	nic activity or practice from which you ntity, list the major areas of economic	
None Wax XXXX	&&\			
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 similar business entity)	
Name: House & Ret Sitting Bu Address: 36 Broadway, Part	Diese	Pet sitting and hame sitting		
Address: 36 Broadway, Part	land	hame sitting		
Name: Address:		$\bigcup$		

PART 2 (continued). INCOME DE	RIVED 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	onomic activity of the entity or pertablished 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:		To provide the second s
Address:		
Name:		
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	erasyung cetakan mel canah dimani kaliyang repanaman melanda sayat perceptang disag kaliyang kaliyang pelalamb	gift for graft for an among the fill and an advantage and a substitution of the substi
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:		
Address:		
Name:	randa jaron sa menata Kuli Andria Angaha dan dan penguntukan kangan dan penguntukan kangan dan kuli menguntuka Kangan jaron sa menatak kuli Angaha dan dan penguntukan kangan sa menguntukan kenguntukan kenguntukan kenguntuk	ogspa-joligkerg ryndynfal famoder en rio gelink dei fam halydd garwar ar moed den y held fan babandlig o 17 effente fam fam bei effe dei fam fam bei effe fam
Address:		
Name:		
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.		
None		
Name and Address of Creditor	000000000000000000000000000000000000000	Principal Type of Economic Activity of Creditor
Name:	TO SEED OF THE SEE	MANUAL MUNICIPA DE SERVEZ MA A DEM ANNO NETINO DE MONTE DE CONTRACTOR DE
Address:		
Name:		and an extensive and the control of
Address:		
PART 5. GIFTS, INCLUDING TF	RAVEL AND ACCOMMODATION	DNS
List the specific source of gifts received during the reporting period w	ith an aggregate value of more that	n \$300. If none, check the box.
None		
Name of Source of Gift	o de la constituita de la company de la comp	Augustus (and the control of the con
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2.	4.	

PA	RT 6. HON	IORARIA	
List the source of any honoraria accepted for appearances o		100 to the digital and the	nonnon en
None None	The second of th		water and the state of the stat
Name of Source of Honoraria		Name of Sc	ource of Honoraria
1.	3.		
2.	4.		
PART 7. REPRESEN	TATION BI	EFORE STATE AGENCIE	s
List each executive branch agency before which you repres box.	ented or ass	sisted others for compensation	n of any amount. If none, check the
A None			
Name of Agency		Name	e of Agency
1.	3.		
2.	4.		
	and a second second second	H STATE AGENCIES	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. Indicate whether you or a			
√ <b>Д</b> -None	end material superconnection where it		
Name of Agency	militario de sicionista de siciliario de la constitución de la constit	Name  Notice And Control of Contr	Of Agency  Action Control and Action Control and Contr
1.	3.		
2.	anerov susuminavenutum varianti eningamuserom eningamusero	TO ANY PROPERTY OF THE PROPERT	METALEN ANNA METALEN M
PART 9. INCOME RECEIVE	ED BY MEN	MBERS OF IMMEDIATE F	AMILY
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kind of \$1,000 or more, list his or her name and job title. List only not include gifts.	d of income r the job title o	represented. If your spouse of dependent children who rec	or domestic partner received income
Name of Spouse or Domestic Partner and Job Title		oe of Economic Activity senting Source of Income Received	Kind of Income
Name:	T .		1
	2		2
Inh Title			
Job Title:	3.		3
Job Title:  Dependent Child(ren) - Job Titles Only			
Dependent Child(ren) - Job Titles Only			

<b>☐</b> −None		s listed, indicate your relatio	unrenament ein der 12 deutstat, deuen der der in deuen betracht der Stade (15 deutstate) der Halbert (15 deutstate) deutstate (15 deutst	ESBELONNYMELTINA PRESENTA PRESENTATIVETTE TETY ET ENTER ET ESPECIAL ENTER ENTER ENTER ENTER ENTER ENTER ENTER E	ACTION OF THE STATE OF THE STAT
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PART 10. OFFICER OR DIRECTOR POSITIONS