

FEB 15 2012

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 <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  AWN HILL  Mailing address  124 PINE HILL  City, zip code  OAPE NEDD JCK   | Office:  House Senate  District  Phone  207-337-3689   |   |  |  |  |  |  |
| PART 1. INCOM   | IE DERIVI  | ED FROM EMPLOYMENT BY ANG   | OTHER  |  |  |  |  |
| List the name and address of each private or put<br>whom you received compensation of \$1,000 or mo                                     |  |   |  |  |  |  |  |
| None  | e e comment e en mentre e commente e en manuel e en mentre e en mentre e en mentre e en mentre en mentre en me | OFFICE OF CONTROL OF CO | CONTROL CARROLL AND CONTROL CO |  |  |  |  |
| Name of Employer  | Address  |   | Principal Type of Economic Activity of Employer  |  |  |  |  |
| MAINE STATE   |  | ATE HOUSE   | GOVERNMENT   |  |  |  |  |
| LEGISLATURE   | anaria irriii midala an ee ee ee ahaa ahaa ahaa ah   | AUGUSTA, ME   |  |  |  |  |  |
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| PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OR LAW PRACTICE   |  |   |  |  |  |  |  |
| A. List the name and address of your business or derived income. If associated with a partnership, activity or practice of that entity. |  |   |  |  |  |  |  |
| ☐ None  |  |   |  |  |  |  |  |
| Name and Address of Business Entity or Law Firm   |  | Major Areas of Economic Activity/<br>Law Practice (self)  | Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)   |  |  |  |  |
| Name: BIRCH HILL REAL ESTATE CO<br>Address: POBOX 701 CAPE NEDDICK,<br>Name: ME 03902   |  | PRESIDENT   | SUBS CORP. FOR<br>REAL ESTATE<br>HOLDINGS  |  |  |  |  |
| Address: 10 Box 701, CAPE NEDDICK,  |  | uezantatari et inis-mura mesana mesana meneri et en artista et en   | NEAL ESTATE  |  |  |  |  |
|   | 702  |   | HOLD (NGS  |  |  |  |  |
| Address:  |  | A   |  |  |  |  |  |

| PART 2 (continued). INC   | OME DERIVED FROM SELF  | EMPLOYMENT   |
|---|--|--|
| 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 e<br>, or an established code of profes   | entity or person 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:  Address:   | rt komtabunat menaeuw deuk 400 minik 1 minik 1000 dalah banan terbanya terbanya terbanya terbanya terbanya terb  |  |
|   | THER SOURCES OF INCOM  | <b>B</b>   |
| List each source of income of \$1,000 or more not listed in P box.  | The property of the property o |  |
| None  |  |  |
| Name and Address of S   | Source   | Kind of Income (investments, leases, etc.)   |
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| Name:   | NA BANKER MEN BERAKEN NE ARABAMAN PARIN PERIN PENENGEN BERAKEN PERIN PENENGEN PENENGEN PENENGEN PENENGEN PENENG  |  |
| Address:  |  | manh a corroration   |
| PART 4  | 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 it card liabilities, educational loan   | during the reporting period, and list the major s, loans from a relative, or business loans from   |
| <b>⊠</b> None ·   |  |  |
| Name and Address of Co  | reditor  | Principal Type of Economic<br>Activity of Creditor   |
| Name:   |  | and the second s |
| Address:  |  |  |
| Name:   | ла социализмиченно положения положения на положения в полож  |  |
| Address:  |  |  |
| PART 5. GIFTS, INCLUE   | DING TRAVEL AND ACCOM  | MODATIONS  |
| List the specific source of gifts received during the reporting   | period with an aggregate value o   | of more than \$300. If none, check the box.  |
| None  | Adalah mahair 16 anna da marinman kalada 12 Sandra 1812 a 2016 2 20 Anna 1822 20 Anna 1822 20 Anna 1822 20 Anna  |  |
| Name of Source of Gift  | 10 America (1970) 22 America (1970) 4 Am | Name of Source of Gift   |
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|--|--|--|--|--|--|
| List the source of any honoraria accepted for appearances  | or speeches. If none, check the box  |  |  |  |  |
| None   | от speeches. и попо, опоск що вох.   | e-educe-et National Prophesional National Research (National Research  |  |  |  |
| Name of Source of Honoraria  | t-correspondent for the following definition of the control of the | ource of Honoraria   |  |  |  |
| ######################################   | 3.   |  |  |  |  |
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|  | ••   |  |  |  |  |
| PART 7. REPRESE  | NTATION BEFORE STATE AGENCIE   |  |  |  |  |
| List each executive branch agency before which you repre   |  |  |  |  |  |
| box.   | SELLECT OF GOSTOCO OFFICE TO COMPONE THE   | off of any amount. If none, encourage  |  |  |  |
| None   | 2000/00/00/4/16/2014-State-Market adular-control del minimum compressamente in magget element protection at 200, Note of the capturing and exclusive activities and the control of the capturing and exclusive activities and the capturing and exclusive activities and the capturing and exclusive activities activities and exclusive activities activities and exclusive activities activities activities and exclusive activities activities activities and exclusive activities act | FS (ESPHICAN) A Shirter was how or had a shirth from a word or a second or as on one greater a bumple, remark more by May Agreed group (2) have  |  |  |  |
| Name of Agency   | посторования пост  | e of Agency  |  |  |  |
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| PART 8. BUS  | INESS WITH STATE AGENCIES  |  |  |  |  |
| List each executive branch agency to which you or a mem  |  | or services with a value in excess of  |  |  |  |
| \$1,000 during the reporting period. Indicate whether you or   | a family member sold the goods or service  | es. If none, check the box.  |  |  |  |
| None   | - 1904 - Wilde William to province and we have a more and a more and a more approximately account of the control of the contro | · · · · · · · · · · · · · · · · · · ·  |  |  |  |
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| PART 9. INCOME RECEIV  | /ED BY MEMBERS OF IMMEDIATE F  | AMILY  |  |  |  |
| List the type of economic activity representing each source dependent child(ren) during the reporting period and the kin | of income of \$1,000 or more received by   | your spouse or domestic partner or   |  |  |  |
| of \$1,000 or more, list his or her name and job title. List only  | y the job title of dependent children who re-  | ceived income of \$1000 or more. Do  |  |  |  |
| not include gifts.<br>स्थानकारणावाकारणावाकारवाकारवाकारवाकारवाकारकारवाकारवा   | Type of Economic Activity  | A MARTINE STATE SECRETARIS SECRET |  |  |  |
| Name of Spouse or Domestic Partner and Job Title   | Representing Source of Income  | Kind of Income   |  |  |  |
| PPPAP TEM  | Received  1984-а дання принцення на принцен  | ALI (BRATTI I MEDIO NELLATIO) NATURE (CLASSICALISMOSSISSI I MOSTO MATERIARI  |  |  |  |
| Name: JAMES A. NADEAU  | 1. REAL ESTATE:  | 1. SELF EMPLOYED   |  |  |  |
|  | 2. CONSULTING 3. DEVELOPING  | 2  |  |  |  |
| JOB TITLE: LAND USE CONSULTANT  + REAL ESTATE  BROKER  | 3. <u>DEVELOPING</u>   | 3  |  |  |  |
|  | SALES  |  |  |  |  |
| Dependent Child(ren) - Job Titles Only   |  | MACO (The Old of the sales to the sect of the closes of the sec  |  |  |  |
| Job Title:   |  |  |  |  |  |
| Job Title:   | 1990/An - 1990/1997/SAM SAMSHAM SAMSHAM NY PELSAN 1550/A SELEMBER PALSON FALL AND  | 344 COMPANIENTATION OF THE PARTY OF T  |  |  |  |
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| Job Title:   |  |  |  |  |  |

|   | trusteeship, directorship, or position of any s compensated. If a family member is liste  |                       |  |  |  |
|---|---|-----------------------|--|--|--|
| ☐ None  |   |                       |  |  | i on ann tagair a chairm a chairm an ann an an an an ann an ann an an an                                     |
|   | Organization/Business<br>and Address  | Title                 | Position Held<br>By:   | Family Member's<br>Name  | Compensated?   |
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| _   |   | DIRECTOR              | The same of the sa |  |  |
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|   | INSURANCE CO.   | BOARD OF<br>DIRECTORS | SELF   |  | YEC  |
| MAYS  | VILLE ST  | DIRECTOR              |  |  | 123  |
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|   | e any additional information below (and<br>n you are providing. Use additional pa         |                       | if needed). Ind  | icate the part or se   | ection number for  |
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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