



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.

**LEGISLATOR INFORMATION** 

Name ROBERT HUNT Mailing address		Office:  House □ Senate  District						
Mailing address 128 DEPOT ST.		(31						
City, zip code としゃでん	04093	Phone 207-756-5476						
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER								
List the name and address of each private or public employer, including the Legislature and any agency or subdivision of the State, from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.								
Name of Employer	Address	Principal Type of Economic Activity of Employer						
MAINE HOUSE OF REPRESENTATIVES	2 STATE HOUSE STATION AUGUSTA, ME							
MSAD AC	BUKTON, ME 04093	GOVERNMENT EDUCATION						
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PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OR LAW PRACTICE								
A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity.								
None								
Name and Address of Business Entity or Law F	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:	uran sama ar an							
Address:								

PART 2 (continued). IN	COME DERIVED FROM SELF-EMPLOYMENT
\$1,000, whichever is greater, and specify the principal	yment or law practice that represents more than 10% of your gross income of type of economic activity of the entity or person from whom you derived such, or an established code of professional ethics, specify only the principal type come was derived.
Name and Address of	Principal Type of Economic Source Activity of Entity or Person Who i the Source of the Income
Name:	REQUIREMENTS - DECIDING THE PHE PRESENTED THE CONTROL OF THE THE THE CONTROL OF T
Address:	
Name:	
Address:	
PART 3. C	OTHER SOURCES OF INCOME
List each source of income of \$1,000 or more <u>not listed</u> in box./	Parts 1 or 2 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:	
Address:	
Name:	AREA MERCANINI DE COMPONENCIA DE CONTRE CONT
Address:	
Name:	
Address:	
PART 4.	REPORTABLE LIABILITIES
	3,000 or more that you received during the reporting period, and list the major dit card liabilities, educational loans, loans from a relative, or business loans from
□ None	
Name and Address of	Creditor Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	
Address:	
PART 5. GIFTS, INCLU	JDING TRAVEL AND ACCOMMODATIONS
List the specific source of gifts received during the reporting	g period with an aggregate value of more than \$300. If none, check the box.
None	
Name of Source of Gift  1.	Name of Source of Gift
$H^{\mu}$ with the state of the	3.
2.	4.

PA	RT 6. HONORARIA			
List the source of any honoraria accepted for appearances of	or speeches. If none, check the box.			
None	ENTANTISENI (1.540.) 1864-1864 (1.640.) 1864			
Name of Source of Honoraria	Name of S	Source of Honoraria		
1.	3.			
2.	4.			
PART 7. REPRESEN	ITATION BEFORE STATE AGENCII	ES AND		
List each executive branch agency before which you repres box.	sented or assisted others for compensati	ion of any amount. If none, check the		
None				
Name of Agency	Nan	ne of Agency		
1.	<b>3</b> .			
2.	4.			
PART 8. BUSII  List each executive branch agency to which you or a memi \$1,000 during the reporting period. Indicate whether you or a	NESS WITH STATE AGENCIES  ber of your immediate family sold goods a family member sold the goods or service	or services with a value in excess of		
None	a lating menucial actual the goods of control	でも、II IIUIIG, UIIGUN (IIIG DON.		
Name of Agency	national transfer the second s	ne of Agency		
1.	3.	3.		
2.	4.	4.		
	ED BY MEMBERS OF IMMEDIATE			
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kine of \$1,000 or more, list his or her name and job title. List only not include gifts.	d of income represented. If your spouse	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		
Job Title: ATTORNEY	1. LAWYER 2.	1. <u>Salary</u> 2		
Job Title: ATTORNEY	3.	3.		
Dependent Child(ren) - Job Titles Only				
Job Title:				
Job Title:				
Job Title:		Total Control of the		

☐ None			VARIAN AND AND AND AND AND AND AND AND AND A		
- AND PARENT IN THE PARENT CONTROL OF THE PARENT CONTROL OF THE PARENT CONTROL OF THE PARENT CONTROL OF THE PA	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
PRIZECTION A EXECUTIVA DE L'ARRESTANTE CONTINUENCE POR LA CONTINUE DE CONTINUE	ани лиштоо	me the pairs and a lower trades of the ordinary energy enders and end of the company of the ordinary end of the the pairs of the ordinary enders of the ordinary end or	interen egati ya 120 milio i danakan ini 1110 maya barikata enimbat kalakat kalikasa baritari b	ET GANY ETERGI I KERKENNI IN MIKRI KATORION KI KEREN KI ETERGI KI KANADINI KEREN KI ETERGI KANADINI KEREN KI E	
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			CONTROL OF THE PROPERTY OF THE		
		SIGNATURE			
A Legislator wh	o willfully fails to file a required statem		ne of up to \$100.	(1 M.R.S.A. § 101	7-A)
The intentional	filling of a false statement is a Class E	crime. If the Comm	nission concludes t	hat it appears that	a Legislator has
willfully filed a f	alse statement, it shall refer its finding	s of fact to the Attori	ney General. (1 M	.R.S.A. § 1019)	
	14 4/4		.5	114/10	
	Signature			// /// <u>~</u> Date	•
	ADD	TIONAL INFORMA	TION		
Please provide	any additional information below (and	l on additional shee	ts if needed) Indi	cate the part or se	ction number for
	you are providing. Use additional pag		is it floodedy. Intel	oute the part of se	otion named to
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Part/Section					
Number					
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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 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.