



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** 

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Name		THE CONTROL OF THE CO	Office:			
TROY Jackson Mailing address  167 Allagash Road City, zip code				Senate		
Mailing address						
167 Allagash Road				35		
City, zip code			Phone			
Allagash 04774			207-398-4081			
7777				, , , , , , , , , , , , , , , , , , ,		
PART 1. INCOM	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	blic employ ore. Speci	ver, including the Legislature and any ag fy the principal type of economic activity	gency or subdivi of each employe	sion of the State, from er.		
None	50° AN \$45° AN \$40° AN THE ASSESSMENT OF A SAME ASSESSMENT OF THE	menementelem je (tital en 1950) ett 1950 (1950) ett 1950 (1950	መመመስ ለተመመመስ መመመስ መመመስ መመመስ መመመስ መመመስ መመመ	en et delem na presente i visso dagentantea geban kleag e dagelet e gebag anglas porta		
Name of Employer	Address		Principal Type of Economic Activity of Employer			
State of Maine	25+	ate House Augusta 04870	Stati,	Leg;5/4.to-		
Robert Mc. Beciety	f . , t	Kent Me 04743	L059			
		,				
PART 2. INCOME DE	RIVED FR	OM SELF-EMPLOYMENT OR LAW	PRACTICE			
A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity.	or law firm, firm, profe	if any, and list the major areas of econor ssional association, or similar business e	mic activity or pr entity, list the ma	actice from which you jor areas of economic		
None	POLICE CONTRACTOR CONT			- Andrew Michigan Adel Adel Andrew Schlieberg (Andrew Adel Andrew		
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:						
Address:						
Name:	ent tilloopoon an entillanna penetraneossa kons	THE STREET OF TH	EEE PROPERTIEM ON THE PROPERTIES AND THE PROPERTY OF THE PROPE	with due that the dependent of the control of 150 at 1		
Address:						
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PART 2 (continued). INCOM	E DERIVED FROM SELF-EMPLOYMENT
\$1,000, whichever is greater, and specify the principal type	nt or law practice that represents more than 10% of your gross income of economic activity of the entity or person from whom you derived such an established code of professional ethics, specify only the principal type was derived.
Name and Address of Soul	Principal Type of Economic rce Activity of Entity or Person Who the Source of the Income
Name:	
Address:	
Name:	
Address:	
PART 3. OTHE	ER SOURCES OF INCOME
List each source of income of \$1,000 or more not listed in Parts box.	s 1 or 2 of this form. Do not include gifts or honoraria. If none, check the
None	
Name and Address of Sour	ce Kind of Income (investments, leases, etc.)
Name:	
Address:	
мате:	
Address:	
метет по полити на метет на полити на применения на приме	
Address:	
PART 4. REF	PORTABLE LIABILITIES
	O or more that you received during the reporting period, and list the major and list the major of liabilities, educational loans, loans from a relative, or business loans from
None :	
Name and Address of Credi	tor Principal Type of Economic Activity of Creditor
Name:	
Address:	
тем по не полити на него причеству по него причеству на него причеству на причеств	
Address:	
PART 5. GIFTS, INCLUDIN	G TRAVEL AND ACCOMMODATIONS
List the specific source of gifts received during the reporting per	iod with an aggregate value of more than \$300. If none, check the box.
None	TO TO THE STATE OF
Name of Source of Gift	Name of Source of Gift
1.	3.
2.	4.

	ART 6, HONORARIA				
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.				
None	egene men andronin de mandre de signatur de signat de mandre de signatur de signat	eld all mentaevalve grown vergroods and controlled that controlled the controlled to a material and a material			
Name of Source of Honoraria	Name of S	ource of Honoraria			
1.	3.				
2.	4.				
PART 7. REPRESE	NTATION BEFORE STATE AGENCIE	is which have the			
List each executive branch agency before which you reprebox.	esented or assisted others for compensation	on of any amount. If none, check the			
None					
· Name of Agency	Nam	e of Agency			
1.	3.	3.			
	4.	4.			
List each executive branch agency to which you or a mer \$1,000 during the reporting period. Indicate whether you o	r a family member sold the goods or service	es. If none, check the box.			
Name of Agency	Nam	Name of Agency			
1.	3.	3.			
2.	$oldsymbol{4}$ .	4.			
PART 9. INCOME RECEIVLIST the type of economic activity representing each source dependent child(ren) during the reporting period and the kilon of \$1,000 or more, list his or her name and job title. List on not include gifts.	ind of income represented. If your spouse ly the job title of dependent children who re	y your spouse or domestic partner or 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			
1 Pollation	1. social worker	1. Salary			
Name: Lana Pelletier  Job Title: Social worker	2. On-line tenhing	2. S. lary			
Job Title: Social Worker	1. <u>Social worker</u> 2. <u>On-line teaching</u> 3. <u>therapist</u>	3. hourly			
Dependent Child(ren) - Job Titles Only					
Job Title: Park Runger	V419r	hon.ly			
Job Title: mrchanic	mochanic	hearly			
Job Title:					

✓ None						
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			**************************************			
			SIGNATURE			
Legislator wi	ho willfully tails to til	e a required state	ement is subject to a fin E crime. If the Commi	e of up to \$100.	(1 M.R.S.A. § 101	7-A)
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		Contract Con		1/	19/17	
	Signature	·	· · · · · · · · · · · · · · · · · · ·	<del></del>	Date	-
		AD	DITIONAL INFORMAT	ION		
Please provide	e any additional info	rmation below (a	nd on additional sheets	s if needed). Indi	cate the part or se	ction number for
THE INIVITIATION			pages, if necessary.		u Naha w Nahajarah ya kaka ka	
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.