

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

JAN 17 2012

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 INFORMA	TION			
Name				Office:		
Peter B Johnson			VV	House	☐ Senate	
Mailing address			<u> </u>	District		
PO Box 697				27		
				Phone		
Greenville, ME 04441			10 mm	207-695-2019		
PART 1. INCOI	ME DERIVE	ED FROM EMPLO	OYMENT BY ANO	THER		
List the name and address of each private or pu whom you received compensation of \$1,000 or m					on of the State, from	
None	DOM ONG USSAI ENDERGE PROPRIOR VERSITE E (MET PRETERV	gyangura naraminina na ara ka ka ka kumada ka Shaladdi 1924 diilin 1954 diaddidd 1846 diilin 1964 (40059.00610608180061600000633133 windows verminers versus are near physical property (4) $6000000000000000000000000000000000000$	II A LO-AN LIGHT (MACANTANI E BOOK LOWER LE PORTE METAL PROPREMENTE LA CITATA ANTI-	i bekannolo v v strovna on s çang (KRR) (KR) (KR) (KR) (KR) (KR) (KR) (KR	
Name of Employer	Address		Principal Type of Economic Activity of Employer			
	4		_			
Maine House Representatives	2 State House Station, Augusta		Government			
Maine House Representatives US Army Retired			·			
Social Security	soon and a second	lashing ton	D, L,	bover 1	vment	
'						
Raytheon Corp	PO Bo	x 458, East 5	Syracuse, Wy	Compuny	Retirement	
PART 2. INCOME DE	RIVED FR	OM SELF-EMPLO	OYMENT 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, if , firm, profes	f any, and list the m sional association,	najor areas of econor or similar business e	mic activity or prac entity, list the majo	ctice from which you r areas of economic	
☑ None						
Name and Address of Business Entity or Law Firm		Major Areas of Economic Activity/ Law Practice (self)			Feonomic Activity/	
				Law Practice (partnership, association, firm or similar business entity)		
Name:	aran manadadakan (1902-1904) (1904-1904) (1904-1904) (1904-1904) (1904-1904)	TO THE RESERVE OF THE PROPERTY				
Address:						
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Address:						

PART 2 (continued). INCOME D	DERIVED 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 eincome. If this form of disclosure is prohibited by law, rule, or an economic activity of the entity or person from whom the income wa	economic activity of the entity or pe established 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:	99949-6-holy (MICHAEL) And Shahadhay digwydd (MICHAEL) (MICHAEL) Arlydd (MICHAEL) Arbydd (M		
Address:			
Name:	ительного до до до до до поста и том от т Том от том от т	им под 18 год ССС СССС ПО ДА ССС В ССС С сонисто и посит и приме 18 м посит под применення в посит под	
Address:			
PART 3. OTHER :	SOURCES OF INCOME		
List each source of income of \$1,000 or more not listed in Parts 1 o box.	or 2 of this form. Do not include gifts	or honoraria. If none, check the	
None	terlätettä til till kontrolle lektromet koloniet dyn och ett top til en ett koloni trollet till elektrik ett t	restablished to the first of a still personal company over sparses and a still personal state of the still persona	
Name and Address of Source	V4444-л. инфолосов на 3 ден информација, до 14 година и 14 год За 14 година и	Kind of Income (investments, leases, etc.)	
Name: LPL Financial	1879 ж. Повижения на принципання на принципання на принципання на	200 (2000) Ставо до до до предоставно по пред на пред става на пред пред става на пред	
Address: 9785 Towne Centre Dr, San Dieg	0,CA 92121-1968	Investments	
Name:		and the second control of the second the second control of the sec	
Address;	The state of the s		
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Address:			
PART 4. REPOF	RTABLE LIABILITIES		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or areas of economic activity of each creditor. Do not list credit card liregulated financial institutions. If none, check the box.	more that you received during the abilities, educational loans, loans fro	reporting period, and list the major om a relative, or business loans from	
None	байды б. с. ж. А тобыйыныйын сон санын өн өөнөөн өсөнөө а этооноо дегер үндөгүү багуугагдардын болоо байдыный б	200 ж. док док док док и не и стата не и ста Стата док док док док док и стата не и стата	
Name and Address of Creditor		Principal Type of Economic Activity of Creditor	
Name:	**************************************	addition to the state of the st	
Address:			
мате:	19. The Commission of the Control of	ствоит выполнения в принцений	
Address:			
PART 5. GIFTS, INCLUDING T	RAVEL AND ACCOMMODATIO	ons	
List the specific source of gifts received during the reporting period v	with an aggregate value of more thar	n \$300. If none, check the box.	
None	## (MANTEN TO THE PORT OF THE STATE OF THE S	eprimmetti (OTI) NNC (OTICAL) (ACICAL) (ACICAL) (ACICAL) and deviate mission of contract contract and accompany to the second	
Name of Source of Gift	omnos (pilitiras mos menemos presonen presonen presonen presonen proposa en en municipal de militar de militar	Source of Gift The state of th	
1.			
2.	4.	and a series with the series of the series o	

P.	ART 6. HONORARIA	
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.	
None		EERCHING WITH EURONISCH SIEGEN SCHOOL STAND AND AND AND AND AND AND AND AND AND
Name of Source of Honoraria	Name of S	Cource of Honoraria
1.	3.	
2.	4.	
PART 7. REPRESE	NTATION BEFORE STATE AGENCIE	
List each executive branch agency before which you reprebox.	esented or assisted others for compensation	on of any amount. If none, check the
None .	от на настояния на настоя на применения на настоя на	м (утуралы на вы уда в дом в В вы общен на на на в В В С с объе в В домина в на выполня в на выполня в на на на в В В С с объе в В домина в на в
Name of Agency	· Nam	oortaan room voorteen voorteen van oorteen van voorteen voorteen voorteen voorteen voorteen voorteen voorteen v Ne of Agency statustaan voorteen v
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List each executive branch agency to which you or a men \$1,000 during the reporting period. Indicate whether you or		
Name of Agency	en de la companya de la construcción de la construc	e of Agency
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1.	3.	
2.	4.	
	/ED BY MEMBERS OF IMMEDIATE F	
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kill of \$1,000 or more, list his or her name and job title. List onl 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
Name: Helena Johnson	1. <u>Social Security</u> 2.	1. <u>Retirement</u> 2.
Job Title: Admin (Retired)	3.	2
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		
Job Title:		

	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
380 8 90 00 00 00 Собет-об-б-колодом монеров морео у се негодину у се до собет с	HORNOY PER PORTUGEN EN EN PROPERTIES AND AND EN	and the second s	the Symmetry and State Committee of the State		
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Name and the Commission of the					
		CIONATURE			
A Logiclator wh	o willfully fails to file a required stateme	SIGNATURE	e of up to \$100	(1 M D Q A & 404	7_A)
The intentional	filing of a false statement is a Class E o	rime. If the Commi	ssion concludes t	hat it appears that	
willfully filed a fa	alse statement, it shall refer its findings	of fact to the Attorn	ey General. (1 M	.R.S.A. § 1019)	
0	0.4				
1 to	B Johnson Signature		1.	16/12	
	Signature			Date	_
	ADDIT	TONAL INFORMAT	rion		
	any additional information below (and you are providing. Use additional page		s if needed). Indi	cate the part or se	ection number for
trie iniormation	you are providing. Ose additional page	es, ii necessary.			
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.

X None