



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 INCOMÉ (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 Bryan Sigen	- Als	Office: ☐ House ☐ Senate
Mailing address Box 216	8	District 124
City, zip code South Fortland	04116	Phone 207-409-7137
PART 1. INCOME	DERIVED FROM EMPLOYMENT BY AN	NOTHER
List the name and address of each private or public whom you received compensation of \$1,000 or more.		
☐ None		
Name of Employer	Address	Principal Type of Economic Activity of Employer
State of Major -		Lesis/ature
PART 2. INCOME DERIV	'ED FROM SELF-EMPLOYMENT OR LA	AW PRACTICE
A. List the name and address of your business or la derived income. If associated with a partnership, firm activity or practice of that entity.		
None	was presented as a superprise of the presentation of the present	$\label{eq:controlled} where the controlled controlled$
Name and Address of Business Entity or Law Fir	m Major Areas of Economic Activity Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)
Name:		annermen penus semin di til 1900 vilket til til 1900 vilket til 1900 vilket til 1900 vilket til 1900 vilket ti
Address:		
Name:		reneral and the second
Address:		
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PART 2 (continued). INCC	DME DERIVED FROM SE	LF-EMPLOYMENT
B. List each source of income derived from self-employm \$1,000, whichever is greater, and specify the principal typincome. If this form of disclosure is prohibited by law, rule, economic activity of the entity or person from whom the income.	ne of economic activity of the control of the contr	he entity or person from whom you derived such
Name and Address of So	purce :	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	Этт Ботите» (4 отного 6-топо) стогова в когда в клади выходителей доворя 1,4 чества до одновной дового дового д	от на при в населения вышения в населения в на
Address:		
Name: Address:		
PART 3. OT	HER SOURCES OF INC	OME
List each source of income of \$1,000 or more not listed in Pabox.	arts 1 or 2 of this form. Do no	ot include gifts or honoraria. If none, check the
None	A A A A A A A A A A A A A A A A A A A	
Name and Address of So	ource	Kind of Income (investments, leases, etc.)
Name: Valley Vational Bank Address: Warne No	iainimmitteenemataanii oleeniinin oleenii eliineenema maanaan aanaan oleenii oleenii oleenii oleenii oleenii o Col D.	Investments
Address: Wayne, N5	,	Investmen TS
Name:	an de de la companya	
Address:		
Name:	дөө бөгөө жий байан төнөгө байган тогоон төгөө төрөөдөгүнүн дарын сарын ос принед орга андагын бадарында (1925)	
Address:		
PART 4. R	EPORTABLE LIABILITIE	:S
List the names of creditors for any <u>unsecured</u> loans of \$3,0 areas of economic activity of each creditor. Do not list credit regulated financial institutions. If none, check the box.	000 or more that you receiv card liabilities, educational I	red during the reporting period, and list the major oans, loans from a relative, or business loans from
None	ЛА (Lilia (lilia) (ни вынада на должно водинения на водинения на водинения на применения на под на под на подн Под странения на применения на под	т, очено в заим и него в водения в сом очено в
Name and Address of Cre	editor	Principal Type of Economic Activity of Creditor
Name:	мочетного на приможет поможения и описутогу прог стом с «типомочения потрож 12 месяций на прогости по и посит учество	that did have all more planted of AC (CC) (CC) (CC) (CC) (CC) (CC) (CC) (
Address:		
Name:	akkat yan mista da wili A we Eliza wa misis PPA Amisto wa wannin manakata Amisto Eliza misia Andria Amisto Andr	Mericanian Audul Mariel (F. M. Mariel (F. M. Mariel (Andrew)) and a state of the contract of t
Address:		
PART 5. GIFTS, INCLUD	ING TRAVEL AND ACC	OMMODATIONS
List the specific source of gifts received during the reporting p	eriod with an aggregate valu	ue of more than \$300. If none, check the box.
None		
Name of Source of Gift 1.	The contract of the contract o	Name of Source of Gift
	3.	
2.	4.	

A STATE OF THE STA	ART 6. HONORARIA	
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.	**************************************
None		entermonente de la companya del companya de la companya del companya de la companya del la companya de la compa
Name of Source of Honoraria	Name of	Source of Honoraria
1.	3.	
2.	A.	
PART 7. REPRESE	NTATION BEFORE STATE AGENC	les III A A A A A A A A A A A A A A A A A
List each executive branch agency before which you reprebox.	esented or assisted others for compensa	ntion of any amount. If none, check the
None	эт нь	
Name of Agency	Na	ame of Agency
1.	3 .	
2.	4.	AP (2016) A blacked of the cloud of growing the goals as the shall be received as the grown as t
PART 8. BUS List each executive branch agency to which you or a men \$1,000 during the reporting period. Indicate whether you or		
Real Control	Na.	on non-reconstruction and account of the control of
1.	${f 3},$	dudanki kundan saataan ka asaan ka asaan ka asaan ka asaa ka a
2.	4.	
	/ED BY MEMBERS OF IMMEDIATE	the section of the se
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 only not include gifts.	nd of income represented. If your spous	se 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:	1	I
Job Title:	2	2
OD TRIE.	3	3
Dependent Child(ren) - Job Titles Only		H-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V
Job Title:		
Job Title:		
Job Title:		

None	mpensated. If a family member is lis	itea, maicate your relation	SNIP and the name	Of the family memor	AL.
	Organization/Business and Address	cative аменичинариздическая выпачання было точено общений выпачаний выпачаний выпачаний выпачаний выпачаний вы Title	Position Held By:	Family Member's Name	Compensated?
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The intentional filin villfully filed a false Si	ng of a false statement is a Class e statement, it shall refer its findir ignature	ement is subject to a fine E crime. If the Commings of fact to the Attorn DITIONAL INFORMATION and on additional sheet	ission concludes teg General. (1 M	that it appears that I.R.S.A. § 1019) Z/Z// Z Date	t a Legislator has
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Please provide and the information you	ag of a false statement is a Class e statement, it shall refer its findir ignature AD y additional information below (a u are providing. Use additional providing.	ement is subject to a fine E crime. If the Commings of fact to the Attorn DITIONAL INFORMAT and on additional sheet bages, if necessary.	ission concludes to the graph of the graph o	that it appears that I.R.S.A. § 1019) Z/Z// Z Date	t a Legislator ha
Please provide and the information you	ag of a false statement is a Class e statement, it shall refer its findir ignature AD y additional information below (a u are providing. Use additional providing.	ement is subject to a fine E crime. If the Commings of fact to the Attorn DITIONAL INFORMAT and on additional sheet bages, if necessary.	ission concludes to the graph of the graph o	that it appears that I.R.S.A. § 1019) Z/Z// Z Date	t a Legislator ha