

FEB 1 5 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.

	LEGISLATOR INFORMATION		
Name ROGER J. 1  Mailing address  City, zip code  Augusta, ME	Office:  House X Senate  District  24  Phone  622-37//		
PART 1. INCOME	DERIVED FROM EMPLOYMENT BY ANG	OTHER	
List the name and address of each private or public whom you received compensation of \$1,000 or more			
None		NEW METEROPACHIES COTTAGO PI LACIDA DI DI DI DI DI DI DI CONTENENCI	
Name of Employer	Address	Principal Type of Economic Activity of Employer	
Lipman, Katz-McKee P.A	227 Wate/St. Aujusta, ME 04330	Law Firm	
Maine Senate	State Capital Augusta, ME	Legislatvie	
A. List the name and address of your business or la derived income. If associated with a partnership, firr activity or practice of that entity.		mic activity or practice from which you	
None		Major Azogo of Economio Actuaty	
Name and Address of Business Entity or Law Fi	rm Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)	
Name: Lipman, Katz Micker P.A.  Address: 127 Water St Agesta ME 04320	I am a partner in this law firm	in the law firm	
Name: Address:			

	Marketta erradi adalak		and the second of the second	au au lut turit and and all art a lea	
PA	ART 2 (con	tinued). INCOME DE	RIVED FROM SEI	LF-EMPLOYN	IENT
\$1,000, whichever is greater, a	and specify re is prohibit	the principal type of eco ed by law, rule, or an es	onomic activity of the tablished code of pro	e entity or per	han 10% of your gross income or son from whom you derived such s, specify only the principal type of
	Name a	nd Address of Source			Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:	See	Above		To a control of the c	COST OF THE PARTY OF THE COST
Name: Address;	en de la companya de	n en	LOCIODARIA TETRA PARA ESTADO POR POR PARA DA ALABA CALABA CALABA CON LA RESECCIÓN ESTADA A PRIMA CALABA CALABA		
*		PART 3. OTHER SC	OURCES OF INCO	ME	
List each source of income of \$1 box.	,000 or mor	e <u>not listed</u> in Parts 1 or 2	2 of this form. Do no	t include gifts o	r honoraria. If none, check the
None			ONE AND	**************************************	
	Name ar	nd Address of Source	ring 1907-ya 1908-ya 1 Baran 1908-ya	erikati katalan eta 1909 eta Irailaren eta 1909 e	Kind of Income (investments, leases, etc.)
Name: Address:	Various	stocks and b	onds	Алгунг — үүрүн казама баалама	investments
Name:	Deer 1	for Cerp	en e		раси и советь по в пото в В те
Name: Address:	Duni	Run Cap culvs Group	interviewent termination and state of the control o		
		PART 4. REPORT	ABLE LIABILITIE	S	
	h creditor.	Do not list credit card liab			eporting period, and list the major n a relative, or business loans from
None		THE CONTRACT OF A CONTRACT CON	agement/vieweglo-inchenish-g-wen-aller-blessiff i f-breue/p/Icreatives bestehensvenen-mil.	enterfortyste eigsprongene och en en er er ett gemente en meg det grane og	·····································
	Name an	d Address of Creditor			Principal Type of Economic Activity of Creditor
Name:			and the state of t		
Address:					
Name:	anninggebreichigtett die Greiffelde 21. ogenen zu	CODI NE CORRESPONDE ANT CODE CANTES CONTRACTOR CANTES CONTRACTOR CANTES CONTRACTOR CONTR	enne de considerações de considerações de considerar de considerar de considerações de considerar de considera		desperant consistent and provide most a solicitor successive consistency consistency and an experimental solicities and an e
Address:					
P	PART 5. G	IFTS, INCLUDING TR	AVEL AND ACCO	MMODATIO	<b>VS</b>
List the specific source of gifts re-	ceived durin	g the reporting period wil	th an aggregate valu	e of more than	\$300. If none, check the box.
None	999E30C3C34GE50C6C4C4C5C5C5C6C6A-VC3-W68-6C61*40		ANTER TO VESSES STORY OF MEMORY AND SHARE OF SECURIOR AND AN AND AND AND AND AND AND AND AND	COMMON AND RESERVE THE CONTROL AND	HOPENIA AND AND AND AND AND AND AND AND AND AN
CALLES AND COMMENDATION OF THE PROPERTY OF THE	Source of Gif		and the control of th	Name of So	nuine of Gift
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- Company Control of the Control of the Control of Control of the	CANERA DIPENNIC DIRECTA DI MISCONICIO MI	-THE CONTROL OF THE STATE OF TH	4.		

		IONORARIA			
List the source of any honoraria accepted for appearances or	rspeech	nes. If none, check the box.			
None	DOCK CHICAGO CHICAGO CON CONTROLLO C	NON-JAKETETTE I STEEN I STEEN STEEN AAN AAN AAN AAN AAN AAN AAN TEEN AAN AAN AAN AAN AAN AAN AAN AAN AAN	$Now We have a second of the COS (No. 10) \\ Now Note that we have the contract of the COS (No. 10) \\ Now Note that the cost of the COS (No. 10) \\ No. 10) \\$		
Name of Source of Honoraria	TO AND THE STATE OF THE STATE O		ource of Honoraria		
1.		3.			
2.	124 ANDERSON STATEMENT STA	4.			
PART 7. REPRESEN	IOITAT	N BEFORE STATE AGENCIE	s in the second		
List each executive branch agency before which you represent box.	ented or	assisted others for compensatio	n of any amount. If none, check the		
☐ None	od dealle over a med a conservació en conservació e	Nove			
Name of Agency	***************************************	: 	e of Agency		
1. DHHS		3.	3.		
2. Opt. of Processoral - Financial Regulati	100	4.			
PART 8. BUSIN	NESS V	VITH STATE AGENCIES			
List each executive branch agency to which you or a memb \$1,000 during the reporting period. Indicate whether you or a					
None	Andrewsky stable and resident to	and the second s	SORBITAN KARAN ARKILAN ARKAN PERSEMBAKAN KARAN KARAN MENUNGKIN KARILAN KARINTAN KARINTAN KARINTAN KERUPAN KARAN		
Name of Agency	TON DESCRIPTION ASSESSMENT	орцинального можения подательного торого подательного пода	e of Agency		
1.	HI DROBERT AND TO SERVE AND THE SERVE AND TH	3.	of the Author School and Control (Control (Contr		
2.		4.	ART PROTESSION TO MAINTEN AND PER PLANCE FOR THE VALUE OF THE PLANCE OF THE PROTESSION OF THE PROTESSION OF THE PLANCE OF THE PL		
	******	MEMBERS OF IMMEDIATE F			
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind of \$1,000 or more, list his or her name and job title. List only not include gifts.	d of incor	me represented. If your spouse	or domestic partner received income		
Name of Spouse or Domestic Partner and Job Title		Type of Economic Activity epresenting Source of Income Received	Kind of Income		
Name: Roberta Katz	1. <u>4</u>	liting in national tours	1Salary		
Job Title: Octress	2 3		2 3		
Dependent Child(ren) - Job Titles Only					
Job Title:	BH blomate availet the leval he				
Job Title:	a ng nguya musalikan E n kalilimond of w Yakino na Ew	v men ne vesti mell kolomoni komen kallast ti kolombanenn titali heksilaksikatan kallasis peluksi, komen tillas	A DESCRIPTION AND ALL PROPERTY OF THE STATE		
Job Title:					

held any office, trusteeship, directorship, or position of any the position was compensated. If a family member is listed				
□ None Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated
Lipman, Ratz-McKee P.A.	Vice- President	A particular de la company	Name	**************************************
		and the state of t		ANTINAMOSO ANGESTA POSTESSA POR ANGESTA MERCHANI
Legislator who willfully fails to file a required statem he intentional filing of a false statement is a Class E rillfully filed a false statement, it shall refer its findings	crime. If the Commis	ssion concludes	that it appears that	
Signature			1/29/12_ Date	-
ADDI	TIONAL INFORMAT	'ION		

Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Use additional pages, if necessary.				
Part/Section				
Number	4 J			
Number				