

Name

FEB 17 2012 Maine Ethics Commission

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Office:

☑ House

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)

WENT

Covering the calendar year January 1, 2011 through December 31, 2011

Please file this statement with the Clerk of the House or Secretary of the Senate 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** 

TETEIR S. KE	NT	.☑ House   □ Senate							
Mailing address	District								
Mailing address  23 George Wrice City, zip code  Woolwich  M	alit Rd.	65							
City, zip code	<b>F</b> 01 010	Phone							
Was Lucie La M	04570	207-442-9255							
bootwick, in	ane 07077	207-112 1255							
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.									
None									
	A II.	Principal Type of Economic Activity							
Name of Employer	Address	of Employer							
Maine State House of Representat	ves 2 Statellone Station, A	usly Covernment							
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	The Control of the Co								
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		\$							
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OR LAW PRACTICE									
A. List the name and address of your business or derived income. If associated with a partnership, fi activity or practice of that entity.	law firm, if any, and list the major areas of irm, professional association, or similar busi	economic activity or practice from which you iness entity, list the major areas of economic							
None	der Geward (18 a. 17.5	RECORDER OF THE SECOND OF THE							
Name and Address of Business Entity or Law I	Firm Major Areas of Economic Acti Law Practice (self)	Major Areas of Economic Activity/ vity/ Law Practice (partnership, association, firm or similar business entity)							
Name:									
Address:									
Name;	COST PORT COST OF THE COST OF	entitionisti viene partiista vasta van vasta taleita taleita vasta vasta vasta vasta vasta vasta vasta vasta v							
Address:									

PART 2 (continued), INCOME DE	RIVED FROM SELF-EMPLOY	MENT	
B. List each source of income derived from self-employment or la \$1,000, whichever is greater, and specify the principal type of ecoincome. If this form of disclosure is prohibited by law, rule, or an es economic activity of the entity or person from whom the income was	onomic activity of the entity or pe stablished 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: Address:	The state of the s		
Name:  Address:	aurant aut ann an Taire 4.000 an t-ainm aintean an Taire	en e	
PART 3. OTHER SC	OURCES OF INCOME		
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or box.	2 of this form. Do not include gifts	or honoraria. If none, check the	
None	to the state of th	- Scharter for the Windowski Scharter of Communication Scharter Sc	
Name and Address of Source		Kind of Income (investments, leases, etc.)	
Name: Robert Simpson Address: 82 Joseph Mains Rd-Woolwich.	Me. 04579	Rental/Apt	
Name: Victoria Hart Address: 182 Montsweag Rd. Woolwa	TENDONO	Reutel Apt.	
Name: Address:			
PART 4. REPORT	TABLE LIABILITIES		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mareas of economic activity of each creditor. Do not list credit card liable regulated financial institutions. If none, check the box.	nore that you received during the		
None	-ATTRIBUTE AND THE PROGRAMMENT HEART OF THE PROFESSION AND ADMINISTRATION AND ATTRIBUTE OF THE STATE OF THE PROFESSION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION ADMINISTRATION AND ADMI	nare novem Lorenna a tempera o como col mol con paramene incand cuence na accada con escala al decelerá de diferene m	
Name and Address of Creditor		Principal Type of Economic Activity of Creditor	
Name: Address:	Protect Commission and Assemble State State Commission and Commiss	substantion (Prince and Prince and Assert Conference or commission and an analysis of the Assert Conference or commission	
Name: Address:			
PART 5. GIFTS, INCLUDING TR	AVEL AND ACCOMMODATION	NS	
List the specific source of gifts received during the reporting period with	th an aggregate value of more that	n \$300. If none, check the box.	
None		286	
Name of Source of Gift	Name of	Source of Gift	
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Politica de la companya de la compa	ART 6. HONORARIA			
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.	ALL/19 JANY SEPARTEBURG FULLA HURUTHURUH DERIKANDAN NA PARKANDAN PERKANDAN FULLA PERKANDAN PERKA		
None	ATTYGGGG TYWN, LEGGYMUU GANWUU TAGGGMANGAGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG	mey nggwyggwligi y thweler Ulchiw Anall II (1984 o'w ho ha and hiddell ann eigenn o'r da an arb an ar yn gwyn arwen y mill dell annau		
Name of Source of Honoraria	Name of S	ource 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		
X None	н и между на во под оборно в него на под него	э чийн нь		
Name of Agency	Nam	e of Agency		
1.	<b>3</b> .			
2.		терительных от выполнений в под постоя в под		
PART 8. BUS  List each executive branch agency to which you or a men \$1,000 during the reporting period. Indicate whether you or				
Name of Agency	Nam	— имперенция в Agency		
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	J.			
2.	4.	4.		
PART 9. INCOME RECEIVE List the type of economic activity representing each source dependent child(ren) during the reporting period and the ki of \$1,000 or more, list his or her name and job title. List on not include gifts.	nd 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		
Name: Megan Evans Job Title: Nurse Practioner	1. Public Health 2. 3.	1. Employment 2. 3.		
Dependent Child(ren) - Job Titles Only				
Job Title:				
Job Title:				
Job Title:				

None	ti 1978 with the the think of the short the forest in the limited he desired we calculate a serior and become the through the control of	Daniel til tekkolisten til delem linne de delete ere ett litet av Daniel Americal des Statue er er e	alkijo kienailikki seomen seromen skramanski menorov venenom menentse erom er venenov erom om erom om erom om	eriiiineksit kijistatida Periiiiiik (Piinkää Hattaisida Arvinee 12 tärjeja 12 faleysid ja riisteksi 1	toring administrative who were provided to attribute on the interpolation and the interp	en state of the st
	Organization/Business and Address		Title	Position Held By:	Family Member's Name	Compensated?
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A Legislator who	willfully fails to file a	required statemen	nt is subject to a fi	ine of up to \$100.	(1 M.R.S.A. § 101	7-A)
willfully filed a fal	ling of a false stateme se statement, it shall	refer its findings o	of fact to the Attor	mssion concludes i ney General. (1 M	nat it appears that .R.S.A. § 1019)	a Legisiator nas
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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.