



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		Office:
Charles B. KRUGER		d House ☐ Senate
Mailing address		District
37 Green St.		48
City, zip code	La	Phone 354-8928
Charles B. KRUGER Mailing address 37 Green St. City, zip code Thomas fon ME 0	4861	354-8928
	E DERIVED FROM EMPLOYMENT BY A	ANOTHER
List the name and address of each private or publi whom you received compensation of \$1,000 or mo		
None	28 CE 24 COPPO, CE OT 15 9 (1977) 4 (1974) 4 (19	
Name of Employer	Address	Principal Type of Economic Activity of Employer
		special event production entertainment beaking
Entertainment Risonver Inc	37 Green St Thomaston	entertainment beaking
PART 2. INCOME DER	IVED FROM SELF-EMPLOYMENT OR I	LAW PRACTICE
A. List the name and address of your business or derived income. If associated with a partnership, for activity or practice of that entity.	law firm, if any, and list the major areas of edirm, professional association, or similar busine	conomic activity or practice from which you ess entity, list the major areas of economic
None	Lacada e la Circumsta Carte de	
Name and Address of Business Entity or Law	Firm Major Areas of Economic Activi Law Practice (self)	Major Areas of Economic Activity/ ty/ Law Practice (partnership, association, firm or similar business entity)
Name:		
Address:		
Name:	managangan anama anamanahaya ina dipininininin ina 1900 di 190	erregione manufactura de la serregion de la se
Address:		
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E. List each source of income derived from set-employment or law practice that represents more than 10% of your gross income or \$1,000. whichever is gratery, and specify the principal type of described such income. If this form of disclosure is prohibited by law, rule, or an established code of profussional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived. Name and Address of Source PART 3. OTHER SOURCES OF INCOME List deach source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not lindude gifts or homoraria. If none, check the box. PART 4. REPORT ABLE LIABILITIES Liet the names of creditors for any unsaured loans of \$3,000 or more that you received during the reporting period, and liet the region areas of economic activity of each creditor, check the box. PART 5. GIFTS, INCLUDING TRAVEL AND ACCOMMODATIONS List the specific source of gifts received during the reporting period with an aggregative value of more han \$500. If none, check the box. PART 5. GIFTS, INCLUDING TRAVEL AND ACCOMMODATIONS List the specific source of gifts received during the reporting period, and kit the box. PART 5. GIFTS, INCLUDING TRAVEL AND ACCOMMODATIONS List the specific source of gifts received during the reporting period with an aggregative value of more han \$500. If none, check the box. Name: Address: PART 5. GIFTS, INCLUDING TRAVEL AND ACCOMMODATIONS List the specific source of gifts received during the reporting period with an aggregative value of more han \$500. If none, check the box. Name: Name of Source of Gift	PART 2 (continued). INCOM	IE DERIVED FROM SELF-EMPLOYMENT	
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	Name of Source of Gift 1.		*********
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PA	RT 6. HONORARIA	
List the source of any honoraria accepted for appearances o	or speeches. If none, check the box.	NAMAMA GOZZAMI EZERI GIRIKO GOZZAGO (ETINO FRONTANIO) AND PARTIMO AND
None		W A A A A A A A A A A A A A A A A A A A
Name of Source of Honoraria	100 miles (100 miles 100 m	ource of Honoraria
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2.	4.	удов _о д до доменува у ворог то как и на
PART 7. REPRESEN	TATION BEFORE STATE AGENCIE	s Alexandra
List each executive branch agency before which you repres box.	sented or assisted others for compensation	on of any amount. If none, check the
None		
Name of Agency		e of Agency
1.	3 .	
2.	4.	
PART 8. BUSII	NESS WITH STATE AGENCIES	
List each executive branch agency to which you or a memi \$1,000 during the reporting period. Indicate whether you or	ber of your immediate family sold goods a family member sold the goods or service	or services with a value in excess of es. If none, check the box.
None	antifaction of the property of the property of the state	
Name of Agency		e of Agency Management of the Control of the Contr
1.	3.	
2.	4.	NATION PROPERTY OF STREET CONTROL OF CONTROL
•		
PART 9. INCOME RECEIV	ED BY MEMBERS OF IMMEDIATE I	FAMILY
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kin of \$1,000 or more, list his or her name and job title. List only not include gifts.	d 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: Linda Bell Kruger	1. Solgong Work-	1. Salary
Job Title: postal cleck - US Post Office	2. (fill film employent) 3.	3.
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		
Job Title:	THE RESERVE OF THE PROPERTY OF	The second secon

None			-	A CONTRACT OF THE CONTRACT OF		
CO De established Commerce de Commerce de La Commer	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?	
ROCKLAMD	FESTIVAL CORP.	Board of Directors (member)	self		NC	
Friends 9	The Maine Woods	member Board of Findres	See F		NO	
		SIGNATURE				
	willfully fails to file a required stat ling of a false statement is a Class					
	lse statement, it shall refer its findi				a 1 0 9 ,0,0,0	
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Chave Roll Signature			1/12/12			
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	IA	ODITIONAL INFORMAT	ΓΙΟΝ			
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	any additional information below (a you are providing. Use additional	pages, if necessary.				
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PART 10. OFFICER OR DIRECTOR POSITIONS