

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.

JAN 17 2012

	LEGIS	LATOR INFORMATION		
Name		Office:		
Welter A Vival is TIT			☑ House ☐ Senate	
Walter A. Kumi'ega III Mailing address			District	
36 Ceder Lone				
City, zip code			Phone	
Little Deer Isle	50			
PART 1. INCOM	1E DERIV	ED FROM EMPLOYMENT BY ANO	THER	
List the name and address of each private or pub whom you received compensation of \$1,000 or mo				
None	es actures casena—e e un ave e autre uma			
Name of Employer	Address		Principal Type of Economic Activity of Employer	
State of Maine 15tol		te House Station	Representative	
•	Aujuste ME			
	onnica e meserimento como de como	об 11 (Initial) В вый-кальб. В молительского можения можения высокой подната установления общений в поднательной выполнений в	ENDAGEN DAN MATERIA NEBARAN ASIA NEBIS KRESORI ENDAGEN COLLEGATOR AS TAN ART AND ART AND ART AND ART AND ART A	
	\$4.00mm3.m2.m2.m2.m2.m2.c.(1.0.00)			
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PART 2. INCOME DEF	RIVED FR	OM SELF-EMPLOYMENT OR LAW	PRACTICE	
A. List the name and address of your business or derived income. If associated with a partnership, activity or practice of that entity.	law firm, i firm, profes	if any, and list the major areas of econor ssional association, or similar business e	nic activity or practice from which you ntity, list the major areas of economic	
☐ None	Power Section 15 Section 25 Section 16 Secti		was en emercon a trefata men transmitter of 2500 f. 2000 f. S. A. Arbeide C. Persia h. Market Ventrana Immerin (Ambrill) er er er en	
	ONTERESTE STRUCK ON A SCHOOLST STREET OF CHILD	The distribution of the state o	Major Areas of Economic Activity/	
Name and Address of Business Entity or Law Firm		Major Areas of Economic Activity/ Law Practice (self)	Law Practice (partnership, association, firm or similar business entity)	
Name: Cedar Lone Construction		Building Construction,		
Address: 36 Ceder Lone Deer Isle.		Building Construction, renovation & restoration		
Name:				
Address:				

PART 2 (continued). INCOM	E DERIVED FROM SE	LF-EMPLOYMENT
B. List each source of income derived from self-employmer \$1,000, whichever is greater, and specify the principal type income. If this form of disclosure is prohibited by law, rule, or economic activity of the entity or person from whom the income	of economic activity of t an established code of p	he entity or person from whom you derived such
Name and Address of Sou	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income	
Name: Hay stock Mountain School of Ere	Art Schoul	
Address: P.O. Box 508 Deer Isle	И г	
частить политивыми при при при при при при при при при пр	n PP en net UPP n-Sex 30 cess PP PROtein PP no neu Protein PP net 100 PP PP net 100 PP PP NET 100 PP PP PP NET 100 PP P	
Address:		
PART 3. OTHE	ER SOURCES OF INC	OME
List each source of income of \$1,000 or more <u>not listed</u> in Parts box.	1 or 2 of this form. Do n	ot include gifts or honoraria. If none, check the
t∯ None		
Name and Address of Sour		Kind of Income (investments, leases, etc.)
METORIA del III de la companya del companya de la companya del companya de la companya del companya	Taka waka 12 ka 12 maa ku kataa hii indoneen hii sa 1966 ta 1966 ah	(investments, reason, over)
Address:		100000000000000000000000000000000000000
Name:	makan nganahasan sa anganahasan na mananan sa kananan na mananan na mananan na mananan na mananan na mananan n	
Address:		
Name:	under kann in die versche der Versteren der Stellen von der Andrew Stellen von der Stellen von der Versche der	
Address:		and purposes as transfer
PART 4. REI	PORTABLE LIABILITI	≣S
List the names of creditors for any <u>unsecured</u> loans of \$3,000 areas of economic activity of each creditor. Do not list credit caregulated financial institutions. If none, check the box.		
None	૧૧ માટે કહેલા કરે કહેલા કરે કહેલા હોય નામાં દરિક ની ૧૧ ૧૯૯૧ કહેલા કરે કરે કહેલા કહિલ ૧૩ ૧૯૯૧ કરો છે. જે હોય છે 	до совершения в провершения в портовнения в пответствения в портовнения в пответствения в портовнения в пответствения в портовнения в пответствения в пответствения в пответствения в пответствения в пответствения в пответствения в по
Name and Address of Credi	Principal Type of Economic Activity of Creditor	
Name:		***************************************
Address:		
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Address:		
PART 5. GIFTS, INCLUDIN	G TRAVEL AND ACC	OMMODATIONS
List the specific source of gifts received during the reporting per	iod with an aggregate val	ue of more than \$300. If none, check the box.
None	(SECTION CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO	
Name of Source of Gift	eta yen en 1404 eta 150 filosofikota katala iza 14 tanon esta en alta katala katala katala katala katala katal Banan en en eta 15 tanon eta 15	Name of Source of Gift
1.	3.	
2.	4.	

PA	RT 6. HONORARIA				
List the source of any honoraria accepted for appearances of					
☑ None		U BANKET GERATA TERRETERA PERMENTAN DI PERMENTAN PERMENTAN PERMENTAN PERMETAN			
Name of Source of Honoraria	Name of	Source of Honoraria			
1.	3.				
2.	4.				
PART 7. REPRESEN	ITATION BEFORE STATE AGENC	ES			
List each executive branch agency before which you repressions.	sented or assisted others for compensat	tion of any amount. If none, check the			
☑ None	ration in the state of the stat	1000 a 170 - 200 a 170 a 1			
Name of Agency	Nai	me of Agency			
1.	3.	3,			
2.		aassuu palkalaassa kantatuu kantaa too kee karareen een een een een een een een een een			
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or					
None **Control None*** **Control None** **Control None*** **Control None*** **Control None*** **Control None*** **Control None*** **Control None** **Contro					
Name of Agency	лики и повыму од настоя провод у выши в вого настоя од настоя на проседения на проседения и повыму од настоя на При применения на применения на применения на проседения на проседения на проседения на применения на приме	Name of Agency			
1.	3.	3.			
2.	4.	4.			
	ED BY MEMBERS OF IMMEDIATE				
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 spous	e 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: Penny Kumiesa Job Title: Store Clerk	1. <u>Retail Siles</u> 2 3	1. <u>employment</u> 2 3			
Dependent Child(ren) - Job Titles Only					
Job Title: Gellery Altendent	Art Sales	employ nent			
Job Title: Carpentu's helper	Construction	employment employment			
Job Title:					

held any office, truste	nonprofit corporation, firm, association, eship, directorship, or position of any pensated. If a family member is listed	nature. Indicate who	ther you or a family i	member held the pos	sition and whether	
☐ None		CETTAGEN TOPESCO NORTH THE TRANSPORT OF THE PROPERTY OF THE PR	otto attaun 2000-en autorio anno en an	emmeter remainement hand nitre province is an active 72% by proximately desired	ementer en 1644 i ministratur Lindson (1 Lindson (1 Lindson (1 Li	
	ganization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?	
Child and	Family Opportunitées	director	Welter Kumiepe		No	
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		SIGNATURE				
angri. Sig	unature		/- 4-20/2 Date			
	ADDI	TIONAL INFORM	ATION			
	additional information below (and are providing. Use additional pag		ets if needed). Indi	cate the part or se	ection number for	
Part/Section Number			and the second			
	от о	usanere autra en	Вой соновно на суртаваний постой предоставлений постой постой постой постой постой постой постой постой постой	i di di di kuman mada kabupat kenggan kabupat di Al-Manggahan gawa menjangan pangan kabupat di Al-Manggahan pangan kabupat di Al-Manggahan kabupat di	nschedung metadung menghapan digen penggupang diambin meladuk sebad	

PART 10. OFFICER OR DIRECTOR POSITIONS