



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.

	LEGISLATO	OR INFORMATION		
Name Michel A. Lajo	District		☐ Senate	
Mailing address 27901d Greene Ed		District		
City, zip code Lewiston,	04	1240	Phone 783-1	927
PART 1. INCOM	E DERIVED F	ROM EMPLOYMENT BY AN	OTHER	
List the name and address of each private or pub whom you received compensation of \$1,000 or mo				
☐ None	29-MEDIANDI NTELIMANTIA	Gelberg Anderstade (1900) 19-10-10 (Auto 100 Lat 20 Auto 100 L	NATION CONTRACTOR CONT	nazmusi-timakishi katikati witakati shikati shikati ka aasa waxaa waxaa waxaa waxaa waxaa waxaa waxaa waxaa wa
Name of Employer	амения при		Principal Type of Economic Activity of Employer	
Maine State House & Representatives	Z state House Station augusta me		Hovernment-	
	Milliotothweldin in care with yellow to what a shad distinguish and about the same and a shad distinguish and about the same and a shad distinguish and about the same and a shad distinguish a shad distinguish a shad distinguish and a shad distinguish a shad distinguish a sha			meny yeu u shi da 10°50 o 15°50 o 15°50 o 10°50
			of the property of the propert	
PART 2. INCOME DER	IVED FROM	SELF-EMPLOYMENT OR LAV	N PRACTICE	
A. List the name and address of your business or derived income. If associated with a partnership, f activity or practice of that entity.				
None	The second secon			
Name and Address of Business Entity or Law	Name and Address of Business Entity or Law Firm Major Areas of Economic Activity/ Law Practice (self) Major Areas of Law I (partnership, associated)		of Economic Activity/ w Practice sociation, firm or similar iness entity)	
Name:	The state of the s	rheere is soo can harried. This illines is real 2000 to be a soon of a construction that the real accessoration to the field of a construction to the soon of a construction to the constr	TEAN TO THE PARTY OF THE PARTY	evisionalisadestitus att setti tima enetitation on certainista enetita tron notationes e suore-setti titati se
Address:				
Name:	-makes kar we gament van is mit no 9 kinsteeren deur wite, was de affektelste zegen egen egen 197	withous учет предуствення общення проводення простой в постой в п	Advision and a desirable of a surface of a s	mmas gundavadandarda pritissa arcitistot et mortu brinci teknik et
Address:				

PART 2 (continued) IN	COME DERIVED ER	ROM SELF-EMPLOYMENT
B. List each source of income derived from self-emplo \$1,000, whichever is greater, and specify the principal	byment or law practice type of economic activate, or an established co	e that represents more than 10% of your gross income of the entity or person from whom you derived succode of professional ethics, specify only the principal type of
Name and Address of	f Source	Principal Type of Economic Activity of Entity or Person Who i the Source of the Income
Name:	न्त्रीका संस्थानका स्थापना स्थ स्थापना स्थापना स्थापन	(IIII TO AIT TO THE
Address:		
мате: А 1.1.1		
Address:		
PART 3, 0	OTHER SOURCES C	OF INCOME
List each source of income of \$1,000 or more <u>not listed</u> in box.	Parts 1 or 2 of this form	m. Do not include gifts or honoraria. If none, check the
None	TO THE STATE OF TH	
Name and Address of		Kind of Income (investments, leases, etc.)
Name: Maine Public Cuploque Ratirement Address: 46 State House Station august, Me 94333-0046	s fs tene 6	Pension
Name: Social Security) and de the Construction and an electronic vertex instruction of the construction of	
Address:		1. Little Git (
Name:	નહોંએ તેમભગના ખાન વ્યવસાય દેશ ભારતી જાણકારામાં તાલા કરામમાં ઉપયોગ કરવામાં તાલા કરવામાં તાલા કરવામાં તાલા કરવામ તાલા કર્યા હતા કરવામાં તાલા કરવા	CONTROL CONTRO
Address:		
PART 4.	REPORTABLE LIA	ABILITIES
List the names of creditors for any <u>unsecured</u> loans of \$ areas of economic activity of each creditor. Do not list cre regulated financial institutions. If none, check the box.	33,000 or more that you	ou received during the reporting period, and list the majo cational loans, loans from a relative, or business loans from
None	ethingsvestatinus et treatmere et emissen, et eusen et emississe et en eliminative de l'été déput de l'été dép	William (III dice) Basia in a sea chrow iz treat a servine sea and entered and
Name and Address of 0	Creditor	Principal Type of Economic Activity of Creditor
Name:	COSTANI Ex-Costani Costani Costani com a su produce a manusculor - el costa cin-ce a Costani costa de Costa	79000000000000000000000000000000000000
Address:		
Name:	JOHENTET PROBLEM N. EROSESSI (A. PROBLEM AND	
Address:		·
PART 5. GIFTS, INCLL	JDING TRAVEL ANI	D ACCOMMODATIONS
List the specific source of gifts received during the reporting	g period with an aggreç	gate value of more than \$300. If none, check the box.
None	SPECIAL CONTROL OF THE CONTROL OF TH	
Name of Source of Gift	TO THE OWN THE PART A STREET AND A STREET AN	· Name of Source of Gift
1.	3 .	
2.	4.	1945-1945-1945-1945-1945-1945-1945-1945-

P	ART 6. HONORARIA	· · · ·
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.	
None		
Name of Source of Honoraria	Name of Soi	urce of Honoraria
1.	3.	
2.	4.	genergenammennen (n.a.h.d. fab.b.a.) (bl.d.2) (sl.2) (sl.2
PART 7. REPRESE	NTATION BEFORE STATE AGENCIES	
List each executive branch agency before which you reprobox.	esented or assisted others for compensatior	n of any amount. If none, check the
None		
Name of Agency	Name	entre and the second of the se
1.	3.	
2.	4.	
PART 8. BUS	SINESS WITH STATE AGENCIES	
List each executive branch agency to which you or a me	mber of your immediate family sold goods of	or services with a value in excess of
\$1,000 during the reporting period. Indicate whether you co	or a family member sold the goods or services	S. If none, check the box.
None		e of Agency
Name of Agency	ELE CHILINING CONFRONTING PORTUNATION PORTUNATION STATE IN THE STATE OF CONTRACT AND	E OF AGETICS
1.	3.	MARTINO DO POSTO PORTO LO SE PARA DE LOS RECUESTOS PORTO POR
2.	4 .	
	IVED BY MEMBERS OF IMMEDIATE F	
List the type of economic activity representing each source dependent child(ren) during the reporting period and the key of \$1,000 or more, list his or her name and job title. List or not include gifts.	kind of income represented. If your spouse only the job title of dependent children who rec	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
SPouse.	maine Public Engloyee	ρ .
Name: RITA J. hajoie	1. Waterement System	1. Jenseon
Job Title: Clerk	2. Social Security 3. androseo gian County	3. Exployment
Dependent Child(ren) - Job Titles Only		<u> </u>
Job Title:		
Job Title:		
Job Title:		

List any for-profit or nonprofit corporation, held any office, trusteeship, directorship, o the position was compensated. If a family	r position of any na	artnership or busine ture. Indicate whet	ess in which you or a her you or a family i	member held the pos	ition and whether
None					
Organization/Business and Address		Title	Position Held By:	Family Member's Name	Compensated?
Lewiston Municipal Lederal Pine Street Lewiston, ME 04	7,40	Director	Self		NO
Maine Family Hechial Co 555 Sabatties Street Leeviston, ME 04	ustit Union	Director	Spouse	Rita	nde en
Knights of Colembus	1240	Trustee	Self		No
		SIGNATURE			
A Legislator who willfully fails to file a re The intentional filing of a false statemen willfully filed a false statement, it shall re Signature	nt is a Class E crìi	me. If the Comm	ission concludes t ley General. (1 M	hat it appears that	a Legislator ha
Please provide any additional informat the information you are providing. Use	ion below (and or	ONAL INFORMA n additional sheet , if necessary.		cate the part or se	ction number fo
Part/Section Number		errenne-euroscorrenne-european Artistat esta esta esta esta esta esta esta			