2011 Calendar Year



FEB 13 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.

	LEGIS	LATOR INFORMATION		
Name			Office:  ☑ House ☐ Senate	
Louis LUCHINI	District			
Mailing address			38	
Po Box 1311			Phone	
City, zip code  EUSWORTH ME	5	207-664-4699		
eusau-iii ive	0 (0)			
PART 1. INCO	OME DERIV	ED FROM EMPLOYMENT BY AN	OTHER	
List the name and address of each private or provided whom you received compensation of \$1,000 or	oublic employ more. Speci	ver, including the Legislature and any a fy the principal type of economic activity	agency or subdivision of the State, from y of each employer.	
None	#916 fearfulat2 onesses A s∏eural trat to re-non-novagaga va asses	of CANCELLING HIGH MAKEDIAN COMP. ATTERNATION OF CREATMENT AND A CANCEL AND A CANCELLING SHOULD HAVE AND A CANCELLING SHOULD HAVE AND SHOULD HAVE A CANCELLING SHOULD HAVE A CANCELLING SHOULD HAVE		
Name of Employer	gy pag ag ag gang gang gang ga panaman menenanan menenahadi andi inter Pri dar 1861.	Address	Principal Type of Economic Activity of Employer	
STATE OF MAINE	State House AUGUSTA, ME		legislator- representative	
STATE OF MAINE PSU 54	AUGUSTA, ME PSU. 24 248 State St Smite 3A Ellawath, ME 04605		Coach	
PART 2. INCOME D	ERIVED FR	ROM SELF-EMPLOYMENT OR LA	W PRACTICE	
A. List the name and address of your business derived income. If associated with a partnersh activity or practice of that entity.	or law firm, ip, firm, profe	if any, and list the major areas of econ ssional association, or similar business	omic activity or practice from which you entity, list the major areas of economic	
None	in kanada akin kanada kanada (1907-1914) bermana kanada kenada bermana bermana kenada bermana bermana bermana b	мент неста и не-таки него выполня на при неста		
Name and Address of Business Entity or Law Firm		Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)	
Name:	on to name the <u>Carterior Control Cont</u>			
Address:				
	gad normánud hodi. Vál 200 hadallakok 25,582-úladá Hedistíl f. A Pissi	THE SECRETARY TO SECRETARY AND A SECRETARY AS THE SECRETA	Stockmann and the state of the	
Name:				
Address:			remanded in	
			Samuel Control of the	

B. List each source of income derived from self-employment or \$1,000, whichever is greater, and specify the principal type of e income. If this form of disclosure is prohibited by law, rule, or an economic activity of the entity or person from whom the income was	law practice that represents more economic activity of the entity or p established code of professional et	e than 10% of your gross income or person from whom you derived such
Name and Address of Source	MICH ( M. С. М. Манина, в дава да да от Моско — в объеди и до от	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		
Address:		
Name: . Address:	en Maria de la comita de constitución de la constit	
	SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 obox.	or 2 of this form. Do not include gift	s or honoraria. If none, check the
None	erverviere makatakan asah asah asah asah asah asah asah as	THE GOLD THE SEASON SEA
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: TD BANK BEACH to BEACON GO:TVeason Address: PO Box 9540 Pertland, ME 04112	prize money- road race vinnings	
можения принцення в принцення	(road race)	
Address:		
	arrat tulkinin tatat telah kalasar telah kendin kalasar kelasar kelasar kelasar kelasar kendapan perusah perusah kalasar kelasar ke	TO COLUMN THE COLUMN T
Name: Address:		999/
PART 4. REPOR	RTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or areas of economic activity of each creditor. Do not list credit card li regulated financial institutions. If none, check the box.	more that you received during the abilities, educational loans, loans fr	e reporting period, and list the major om a relative, or business loans from
None		terrementen en e
Name and Address of Creditor	Principal Type of Economic Activity of Creditor	
Name:		
Address:		
Name:		
Address:		
PART 5. GIFTS, INCLUDING T	RAVEL AND ACCOMMODATION	ONS
List the specific source of gifts received during the reporting period v	vith an aggregate value of more tha	an \$300. If none, check the box.
None	COPPER CONTENT OF THE PROPERTY	
Name of Source of Gift  1.	Name of	Source of Gift
1.		n oververs missimmere et proteste proteste per est state de version de mission en 1919 (De titule de Verde Verde de Verde de de de version en de Verde de Verde de Verde de Verde de Verde de de Verde de
<del>~</del> ,	4.	

	ART 6. HOI	4.44.		
List the source of any honoraria accepted for appearances of	or speeches.	. If none, check the box.		
Name of Source of Honoraria		Nama of St	ource of Honoraria	
Name of Source of Honoraria  1.	#0+9000.0x13nm490020x10+143m3m4nmagamagamagamag	Name of So	JUICE OF HONOFARIA  APPROXIMATION OF THE PROPERTY OF THE PROPE	
ı.	** Foundation and the	3.		
2.	LIALISHEE ZINGEE ETTANZETA ANTONIO ANTONIO MARTINIO ZINGE	меньный проделения объектору по проделения по проделения по проделения по проделения по проделения по проделен Ф.	1668ABBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB	
	estetum, t. m			
PART 7. REPRESEI	NTATION F	BEFORE STATE AGENCIE	s :	
List each executive branch agency before which you repres	sented or as	sisted others for compensatio	n of any amount. If none, check the	
None	VIDOUS - 60-68 SITH AND - 60-60 SITH - 60-60		NEARTS A FIRST ESTATE STATE AND A STATE AN	
Name of Agency	THE THE PROPERTY OF THE PROPER	Name  Name	e of Agency	
		3.		
2.	4	то вышения на принципент в при		
	1,544,41	H STATE AGENCIES		
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or	iber of your i	mmediate family sold goods on mber sold the goods or service	or services with a value in excess of es. If none, check the box.	
None  None	MOETIS POPE TEACH OF THE PROPERTY AND THE PROPERTY OF THE PROP	hoodissianassa on saatuutus kappaan na maantu yaan ee ka	мебреб бумпысан англиманыя шиналегия нештого архения ассинательного пенетимного пенетимного и пенетам пенетам с	
Name of Agency	J2703330,734004964366967609606000469		e of Agency	
1	3			
2.	**************************************	4.		
PART 9. INCOME RECEIV	1 11443		and the second s	
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.	nd of income	represented. If your spouse of	or domestic partner received income	
Name of Spouse or Domestic Partner and Job Title		pe of Economic Activity esenting Source of Income Received	Kind of Income	
Name:	1		1	
Job Title:				
	3		3	
Dependent Child(ren) - Job Titles Only				
Job Title:	USE of the common of the commo			
Job Title:				
Job Title:		** Mark (All Daniel Anna Anna Anna Anna Anna Anna Anna Ann	James Company Control (CC) (CC) (CC) (CC) (CC) (CC) (CC) (CC	

	PART 10. OF	FICER OR DIRECTO	OR 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.							
☐ None							
Salling Mark School (2005) A St. Office M. America (Salling America (Salling America (Salling America America (Salling Americ	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?		
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energia ali anno este de la companya de la company	Stand All Standard Andrews and Andrews Combined Standard Association association (Combined Standard St	100 GEN 2023 share dan isa mada 1525 TEN 2021 TEN 150 Adapta kanada ka 150 Adapta ka 152 TEN 2021 TEN 2021 TEN					
SIGNATURE  A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A)  The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)							
Sprin	2/1/12-						
0	Signature	Date					
	ADDI	TIONAL INFORMA	TION				
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							