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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 U, BRUCE MAC DOMA	40	Office: ☑ House □ Senate
Mailing address 656 BACK RIVER	i2D	District 61
City, zip code BUDTYBAY, ME 04	537	Phone 633-0570
PART 1. INCOME	DERIVED FROM EMPLOYMENT B	YANOTHER
List the name and address of each private or public whom you received compensation of \$1,000 or more	employer, including the Legislature and . Specify the principal type of economic a	any agency or subdivision of the State, from activity of each employer.
None	genergy gegennennennen er maar naar naar vaar had oorde als de	
Name of Employer	Address	Principal Type of Economic Activity of Employer
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PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OR LAW PRACTICE A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity. V. None Major Areas of Economic Activity/ Major Areas of Economic Activity/ Law Practice Name and Address of Business Entity or Law Firm (partnership, association, firm or similar Law Practice (self) business entity) Name: Address: Name: Address:

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLO	YMENT
B. List each source of income derived from self-employment or law practice that represents more \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or p income. If this form of disclosure is prohibited by law, rule, or an established code of professional ett economic activity of the entity or person from whom the income was derived.	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:	
	1990 M 1990 M 1991 M
Name:	
Address:	
PART 3. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this form. Do not include gifts box.	s or honoraria. If none, check the
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Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: SOCIAL SECURITY ADMINISTRATION	SOCIAL SECURITY
Name: MASSACHUSETTS TEACHER RETIREMENT SYSTEM Address:	TEAKMERS PENSION
Name: IRA Address:	IRA DISTRIBUTION
PART 4. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liabilities, educational loans, loans for regulated financial institutions. If none, check the box.	
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	
Address:	
PART 5. GIFTS, INCLUDING TRAVEL AND ACCOMMODATIO	ONS
List the specific source of gifts received during the reporting period with an aggregate value of more that	in \$300. If none, check the box.

None	· · ·
Name of Source of Gift	Name of Source of Gift
1.	3.
2.	4.

	PART	6. HONORARIA	
List the sou	rce of any honoraria accepted for appearances or s	peeches. If none, check the box.	
None None			ICCIDENTIAL PROPERTY OF
	Name of Source of Honoraria	Name of Source of Honoraria	101011007010000000000000000000000000000
1.		3.	
www.commune.commune.commune.commune.com		•	
2.		4.	

## PART 7. REPRESENTATION BEFORE STATE AGENCIES

List each executive branch agency before which you represented or assisted others for compensation of any amount. If none, check the box.

None None	
Name of Agency	Name of Agency
1.	3.
and/second line (second control of the control of t	4.

na datan Table	PART 8. BUSINESS WITH STATE AGENCIES			
List each \$1,000 di	List each executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of \$1,000 during the reporting period. Indicate whether you or a family member sold the goods or services. If none, check the box.			
None None				
	Name of Agency	Name of Agency		
1.	N	3.		
2.				

## PART 9. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY

List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner or dependent child(ren) during the reporting period and the kind of income represented. If your spouse or domestic partner received income of \$1,000 or more, list his or her name and job title. List only the job title of dependent children who received income of \$1000 or more. Do not include gifts.

Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income
Name: Job Title:	1.         2.         3.	1.         2.         3.
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		
Job Title:	MUMBER 2015 Charlow and an annual of the CHARLESS Charles of the Charless	ander Hand Hand Hand Hand Hand Hand Hand Hand

	ICER OR DIRECTOR	(PUSITIONS	e el Silladora de servicio da Sa	
isteeship, directorship, or position of any	nature. Indicate whethe	er you or a family i	nember held the pos	ition and whether
Organization/Business and Address	Title	Position Held By:	Family Member's Name	compensated?
2 CHILDREN'S CENTER	BUARD MEMBER	SELF		ND
		anan kana kana kana kana kana kana kana		
	SIGNATURE			
hectorale Signature		-/-	25/12 Date	<u>2018 (1919)</u>
. /		/		
ADDI	IONAL INFORMATI	ON		
		if needed). Ind	cate the part or se	ction number for
		NEW POTENCIAL OF LEGAL CALLER AND		
				7000720012009700000000000000000000000000
	or nonprofit corporation, firm, association, usteeship, directorship, or position of any is compensated. If a family member is listed Organization/Business and Address 2. CHILDREN'S CENTER willfully fails to file a required statement ling of a false statement is a Class E of se statement, it shall refer its findings Madada Signature ADDI any additional information below (and you are providing. Use additional pag	or nonprofit corporation, firm, association, partnership or business         usteeship, directorship, or position of any nature. Indicate whether compensated. If a family member is listed, indicate your relations         Organization/Business and Address       Title         2. CHILDREN'S CENTER       BURKD INFORMATION         WIRFULLY CEN'S CENTER       BURKD INFORMATION         WIRFULLY CENTER       SIGNATURE         Willfully fails to file a required statement is subject to a finding of a false statement is a Class E crime. If the Commission set statement, it shall refer its findings of fact to the Attorne         Macdadd       Signature         ADDITIONAL INFORMATION         ADDITIONAL INFORMATION         Additional information below (and on additional sheets you are providing. Use additional pages, if necessary.	or nonprofit corporation, firm, association, partnership or business in which you or a family useeship, directorship, or position of any nature. Indicate whether you or a family usompensated. If a family member is listed, indicate your relationship and the name Organization/Business and Address  COMIL-DREN'S CENTER BURKD INEMDER  SIGNATURE  Willfully fails to file a required statement is subject to a fine of up to \$100.  Ing of a false statement is a Class E crime. If the Commission concludes to a statement, it shall refer its findings of fact to the Attorney General. (1 M  MacQuaded  Signature  ADDITIONAL INFORMATION  any additional information below (and on additional sheets if needed). Indi you are providing. Use additional pages, if necessary.	and Address       Inte       By:       Name         2. CHILDREN'S CENTER       BUTHED       SELF       INEMBER       SELF         INEMBER       SELF       INEMBER       SELF       Intermodel         SIGNATURE         willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 101)         Intermodel for the Commission concludes that it appears that is estatement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)         MacDacleg       1/2-5/12         Signature       Date         ADDITIONAL INFORMATION