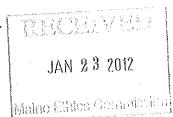
2011 Calendar Year





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.

and the second of		LEGISLA	ATOR INFORMA	TION				
Name	Joyce A. Maker			Office:				
:	boyco / t. Mako:				☑ House	se	Senate	
Mailing address	89 Lafayette Street				District	#31		
City, zip code					Phone (207) 454-2327			
	PART 1. INCC	ME DERIVE	D FROM EMPLO	DYMENT BY AN	OTHER	31.35		
List the name an whom you receive	d address of each private or ped compensation of \$1,000 or	more. Specify	the principal type	of economic activity	gency or s of each e	subdivisio mployer.	on of the State, from	
None	بحاملات حامد فاستشامه منطوع والمقام والمعاملين المهافي والمعامل ميروني فالشارات فاستراء فالمستدان	ere eminere esta esta esta esta esta esta esta est		nga parananga paranangan paranangan paranangan paranangan pangangan nagangan pangangan pangangan pangangan pan	negati ng garaga tagan liga nan etnember, it na naman e e	en agent gang ya may annan ya ni gaman. Na 18 a San Sa	e and green and the second of the second of the second second second second second second second second second	
Na	ame of Employer		Address			Principal Type of Economic Activity of Employer		
Maine State Hou	use of Representatives	2 State Ho	ouse Station, Aug	usta, ME	Government			
and global community to accommodate and accommodate and accommodate accommodat					eranina da pilatega primer et et energia.		ente empresagent, especial en el en el entre en entre est de entre en el entre en el entre en el entre en el e En entre en entre en en entre entre en	
	PART 2. INCOME D	ERIVED FRO	M SELF-EMPLO	OYMENT OR LAY	V PRAC	ΓΙCE	**	
A. List the name derived income. activity or practice	and address of your business if associated with a partnershi e of that entity.	or law firm, if p, firm, profess	any, and list the maional association,	ajor areas of econo or similar business	omic activi entity, list	ty or prac the majo	ctice from which you r areas of economic	
☑ None								
Name and A	ddress of Business Entity or La	aw Firm	Major Areas of Law Pra	Economic Activity/ ctice (self)	C 4 47 5 5	Law ership, asse	Economic Activity/ Practice ociation, firm or similar ess entity)	
Name:								
Address:								
Name:		aus es entre dus ser reducert de servet de réres dentes :	ine a fanon e fan graffe yn dae'n pears ear ea amerikaanse gemeente ar ea ar ea fan fan de fan de fan de fan d	uu uuru uuru ka meen ka maan ka an ah kuuru saasiin ka	e e e e e e e e e e e e e e e e e e e	o a conservativa de la companya della companya de la companya della companya dell		
Address:								

PAI	RT 2 (continued). INCOME DERIVE	D FROM SELF-EMPLOYMENT
B. List each source of income \$1,000, whichever is greater, ar income. If this form of disclosure	derived from self-employment or law pra	ctice that represents more than 10% of your gross income or activity of the entity or person 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:	24 жили жили бүйд түр бүй байн байн байн байн байн байн байн бай	
Address:		
Name:	ti ti ta anta anta anta anta anta anta a	
Address:	4.	
	PART 3. OTHER SOURC	ES OF INCOME
box.	000 or more <u>not listed</u> in Parts 1 or 2 of thi	s form. Do not include gifts or honoraria. If none, check the
None	en Sentado en 1885, como de sua essar o tras escentros en entre esta entre en esta entre esta entre esta esta c	Kind of Income
	Name and Address of Source	(investments legges etc.)
Name: Maine Public Employ 46 State House Station	ees Retirement System on, Augusta, ME 04333	Pension
Name: VALIC 29 Allen Parkway, Ho	ouston TX 77019	` Investment
Name: Address:		
	PART 4. REPORTABLE	LIABILITIES
List the names of creditors for ar areas of economic activity of each regulated financial institutions. If i	creditor. Do not list credit card liabilities,	at you received during the reporting period, and list the major educational loans, loans from a relative, or business loans from
None	er for the manufacture of the second second second second second to the second	
	Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:		tita en antica a actual se estructura de la comuna de se estado en estado de la comunidad de la comunidad de l La comunidad de la comunidad d
Address:		
e e contrato contrato de tras de la come de	ladard har mad ha hayaa a muuna muu qoo maan moonaa ah 1889 MC 1999 da MC 1886 dhaad ah ah ah na maa maa maa m	
Address:		
21.00 () () () () () () () ()	IDT E OFFICIALIDADO TOVEZ	
	ART 5. GIFTS, INCLUDING TRAVEL	ggregate value of more than \$300. If none, check the box.
None		
Name of So	urce of Gift	Name of Source of Gift
1. The Council of State Govern	ment ^{3.} N	Maine Development Foundation
² . Maine Coalition for Excellen	ce in Education 4.	

	ART 6. HONORARIA		
List the source of any honoraria accepted for appearances	or speeches. If none, cl	heck the box.	entenne a sum en marina sum a sum antiqua e sum en marina e sum en marina e sum en marina sum en marina sum en
None		e. Distribution for the second of the second	an engal sa makang engalakan angga ngama kama sa kasa na kakama kakangalakan man manakan kalanga manan manan m
Name of Source of Honoraria	en per per estado en estado en estado en estado en estado en entre de estado en entre de entre de entre de est	Name of Sour	ce of Honoraria
1.	3.		
	angagan sagaman gara ya masa a ya masa ka masa	ere, com estilla mandata Necesaria Samuna e masteria e minima e mante e mante e mante e mante e mante e mante e	er er er er er er bos ock moderlikk solkrodere koost solkmonter krim er
2.	4.		
PART 7. REPRESE	NTATION BEFORE S	TATE AGENCIES	
List each executive branch agency before which you reprebox.	esented or assisted othe	rs for compensation	of any amount. If none, check the
None			
Name of Agency	en de l'année de la company de l'année de l'a	Name o	of Agency
1.	3.		
2.	4.		
PART 8. BUS	INESS WITH STATE	AGENCIES	
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or	nber of your immediate a family member sold to	family sold goods or he goods or services.	services with a value in excess of If none, check the box.
☑ None			
Name of Agency		Name o	of Agency
1.	3.		
${\bf 2}.$	4.	akki dalam keperdigan dan menjada keperdigan kemendaran semelah dan kemendaran dan semenan dan semenan dan de	э эхээ жана эхэн хов
	÷		
PART 9. INCOME RECEIV	/ED BY MEMBERS (F IMMEDIATE FAI	MILY.
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kilof \$1,000 or more, list his or her name and job title. List onl not include gifts.	e of income of \$1,000 ond of income represente by the job title of depend	r more received by y ed. If your spouse or ent children who rece	our spouse or domestic partner o domestic partner received income
Name of Spouse or Domestic Partner and Job Title	Type of Econ Representing So Rece	urce of Income	Kind of Income
Geoffrey R. Maker	1. Funeral Home		1. Wages
Job Title: Funeral Attendant	2. Civil Service Retin Social Security Re 3.	tirement	2. Pension Pension 3.
Dependent Child(ren) - Job Titles Only	agantes sen metantron, et a et ee e de exterme, megas em atrez me artingae, een a	e e emilione e marcia e en en en emilione e mentre en entre en	egen, en monte ang gyang ana, enang may ang terminipe da anna and a da mad tar da and dat menter.
Job Title:	re per no nota e e el el espera a no entre interpreta de presidente a respecta de la respecta de la respectada	et gange symposium en men e generalem e e e e men en en e game en e e	
Job Title:	nes y com e commente e l'égacter e est à a min com en experie e migrour	rande forma de que en reguero en entre o que anomen e en en	
lob Title			g ga marannam nagaga ayan na gangaran mangan di sana ada dan tahung di sanah da sanah da sanah da sanah da san
Job Title:			

	. P	ART 10. OFFI	CER OR DIREC	TOR POSITIONS			
held any office	rofit or nonprofit corporation, fir e, trusteeship, directorship, or p as compensated. If a family m	m, association, position of any n	partnership or bus ature. Indicate wi	iness in which you or a	member held the po	sition and whe	ly ether
None							
	Organization/Business and Address		Title Position H By:		Family Member's Name	S Compensated?	
Maine State Federation of Fire Fighters 183 Middle Street Portland, ME 04101		Treasurer	Spouse/Partner	Geoffrey R. Maker	Yes		
Maine Fire Protection Service Commission		Member	Spouse/Partner	Geoffrey R. Maker	notation and the contraction of		
Citizen Trade Policy Commission			Co-Chair	Self	Joyce A. Maker	Yes	
* *		The second second	SIGNATURE		e de la companya de l		
<u> </u>	Maker Signature			1/17	7/20// Date	_	
	- Control of the Cont	ADDIT	IONAL INFORM	IATION			
	de any additional informatio on you are providing. Use a			eets if needed). Indi	cate the part or se	ection numbe	er for
Part/Section			ant the first and a separate of the separate of the second and an absolute of the second and a s	kant keminan kaluman kantan mengan sebengan kantan sebagai pegan pegangan Tanggan Salaman Salama Tanggan Salaman Salam			
Number							
						•	
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