



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.

	LEGISL	ATOR INFORMATION		
Maeghan LeRoy, Mailing address 4 Drew St.	Ma	Poney	Office: House	☐ Senate
Mailing address 4 Drew St.		•	District 5	7
City, zip code Augusta, ME		4330	Phone 5/3	-7248
PART 1. INCOM	IE DERIV	ED FROM EMPLOYMENT BY AND	THER	**************************************
List the name and address of each private or pub whom you received compensation of \$1,000 or mo				
None	N Carllan (N Landell Laurenseiter vor seiner mit eine men		CCLOCK II POLITICA DE LA PROFESSIONE ACTUAR EN PREMIUM PER PRESENTATION DE LA PROFESSION DE LA PROFESSION DE L	neretik ausmare van maren erik i innen 1900 en erik 1900 black i 1900 en erik 1900 black en ereter en eine en u
Name of Employer		Address		of Economic Activity imployer
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PART 2. INCOME DER	RIVED FR	OM SELF-EMPLOYMENT OR LAW	V PRACTICE	
A. List the name and address of your business or derived income. If associated with a partnership, t activity or practice of that entity.	r law firm, if firm, profes	any, and list the major areas of econo sional association, or similar business	mic activity or pracentity, list the majo	ctice from which you r areas of economic
None				
Name and Address of Business Entity or Law		Major Areas of Economic Activity/ Law Practice (self)	Law (partnership, ass	f Economic Activity/ Practice ociation, firm or similar ess entity)
Name: Maloney Law Office Address: 4 Orew St., Augusta,	es , ME	family laws estates and trusts	Sole p	roprietor
Name: Address:	and the second s	<u></u>	in the second and control of the second seco	generatigue - Nagagemennendykrinnynen het föllene mennenhkurhel giptereningen föll föl -

		A CONTRACTOR OF THE CONTRACTOR
PART 2 (continued). INCOME DEI	RIVED FROM SELF-EMPLOY	MENT
B. List each source of income derived from self-employment or la \$1,000, whichever is greater, and specify the principal type of eco income. If this form of disclosure is prohibited by law, rule, or an est economic activity of the entity or person from whom the income was described.	nomic activity of the entity or pe ablished code of professional ethi	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: All of my clients are inc	dividuals and	James Alley where the six hand provided and resident the relation of the resident and the relation of the rela
Name: All of my clients are inc Address: I am not allowed to relea	se their names	
Name: Address:	er gegen den des productions de la communicación de la communicación de la communicación de la communicación d	each officer in wish the end of contract of the season of the end
PART 3 OTHER SO	URCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 or 2	e in the second of the second	or honoraria. If none, check the
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Vone	PARTITION OF THE PROPERTY OF T	Kind of Income
Name and Address of Source	MANAMONANTAN TERPENTAN INDIA POMPATONI AND	(investments, leases, etc.)
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Address:	Additional	
PART 4. REPORT	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or m areas of economic activity of each creditor. Do not list credit card liab regulated financial institutions. If none, check the box.		
None	numerer som en	uta walikintaka nda 0000 kwa katao na katao na katao na mahambana na mahambana na mahambana na mahambana na ma Mahambana na mahambana na mahamb
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
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Address:	PO ANTICAL ANT	
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Address:		
PART 5. GIFTS, INCLUDING TRA	AVEL AND ACCOMMODATION	DNS
List the specific source of gifts received during the reporting period wit	h an aggregate value of more thar	n \$300. If none, check the box.
None		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Name of Source of Gift	Name of S	Source of Gift
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2.	4.	eggymmegagnama remai i 115000000000000000000000000000000000

	ART 6. HONORARIA	1	
List the source of any honoraria accepted for appearances			
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PART 7. REPRESEN	NTATION BEFORE	STATE AGENCIES	
List each executive branch agency before which you repre box.	sented or assisted oth	ers for compensation	of any amount. If none, check the
None	common common de compaño (11 compaño 2007/2011) e a 120-e-1204 (1 distribut de 120-e-1204) (120-e-1204) (120-e	В подпорти на принципа и под	(B) B B B B B B B
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PART 8. BUSI	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	family sold goods or	services with a value in excess of . If none, check the box.
None	мовия поличения меня и политем может «Англій» «Англій» «Англій» «Англій» «Англій» «Англій» (Англій» (Англій» (А	CONTROL OF THE STATE OF THE STA	oranioninin talajakit tiitäääää käättä käätätää ylistää täätää täätää tiitää ja muutaan ova kankitain kääää kä Tiitää
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PART 9. INCOME RECEIV		14,145,14	
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kir of \$1,000 or more, list his or her name and job title. List onl not include gifts.	nd of income represent	ted. If your spouse or	r domestic partner received income
Name of Spouse or Domestic Partner and Job Title	Representing S	nomic Activity ource of Income eived	Kind of Income
Name: Christopher Maloney Job Title: Naturopathic Doctor	1. <u>healt</u> 2. 3.	rcase_	1. seeing patients 2. 3.
Dependent Child(ren) - Job Titles Only			
Job Title:			·
Job Title:			
Job Title:			

Organization/Business and Address 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 villfully fails estatement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) ADDITIONAL INFORMATION 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.	the position was co	usteeship, directorship, or position compensated. If a family member is	of any nature. Indicate whe	ther you or a family	a member of your im member held the pos of the family membe	sition and whether
Organization/Business and Address 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 filling of a false statement is a class E crime. If the Commission concludes that it appears that a Legislator haw willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) ADDITIONAL INFORMATION 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.	manades of surrance as will extend the transfer of the survey of the sur	THE PROPERTY OF THE PROPERTY O	PLANTAGE OF THE STATE OF THE ST	को नेपालको सामानि देश कारोहित व सारकारमा (नावांकान्त्रपुर सहित्यं प्रतिकार स्वतंत्रपुर सहस्रकार स्व	900EFFELGREICH MEETER ACONTREICH MONTE EIGEN EINE MEETER EN GENERAL DE ACAMAN AND ACHT ANN AN ANN ANN ANN ANN A	$min_{min,m}/(r + imd_1) d_1^2 (2 - ind_1) + r + imd_1 + ind_2 + ind_2 + ind_2 + ind_2 + ind_3 + ind_$
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