2011 Calendar Year



Name

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FEB 17 2012

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Office:

Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

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## **2011 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)**

11. (11

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** 

MICHAEL DIN	House	☐ Senate					
Mailing address	District						
27 Pismire Md.	Old.		105				
City, zip code	<b>、</b>		Phone				
RASmonel M	arap	04071	207-32	9-6148			
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER							
List the name and address of each private or put whom you received compensation of \$1,000 or mo				n of the State, from			
None		that had been a suite of a summer and a summer					
Name of Employer	Address		Principal Type of Economic Activity of Employer				
main state	25 to te	Hecse Station	Govern	n heht			
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			To the sea of farming				
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
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.							
None	na y nega kilindilya enempayayanda inangan ni aray enampangannan k	HELDER HE	CONTINUE NI ANDRONA A CONTINUE NA PRIMA CARPONIA MARIA NI POPARILI ANTINUA NI PRIMA PARE CONTINUENZA CONTINUEN	on-fine the properties of the fine the properties of the propertie			
Name and Address of Business Entity or Law Firm		or Areas of Economic Activity/ Law Practice (self)	Law I (partnership, asso	Economic Activity/ Practice ciation, firm or similar ss entity)			
Name:	we comment of the com			İ			
Address:	,	•					
Name:	AT AND COCCESSOR OF COCCESSOR O		SECTION CONTINUES AND	SOMMANIAN IN COMINIO ESTAN EL PRESENTENTIAN EN EMPROPARA REPRESENTA SERVESTA CONSESSA A MESSE.			
Address:							
	<u> </u>						

PART 2 (continued). INCOME D	ERIVED FROM SELF-EMPLOY	MENT
B. List each source of income derived from self-employment or \$1,000, whichever is greater, and specify the principal type of ecincome. If this form of disclosure is prohibited by law, rule, or an economic activity of the entity or person from whom the income was	conomic activity of the entity or pe stablished 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: beed hill stirilly Schal Address: Hilly Marie		Education Consulta
Name:	NATIONAL LA LICE ON TO LANCE UNITED TO THE SECRET OF THE S	$e^{-\epsilon N J C N - \epsilon N C N N N N N N N N N N N N N N N N N$
Address: PART 3. OTHER S	OURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 or box.	2 of this form. Do not include gifts	or honoraria. If none, check the
None	HIROPOLANT INSTERNITIONIAAN NIISEERIKAAN ARVAN ORBI QUBBERAAN AAN AARVAN NII TUURISTA SEELIKA TARVAN AAN AARV	aa konstaatatatatata ka santa oo ka ta'ay ka ta
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:		
Address:		
Name:	Parameter ( States of a	
Address:		
Name:		
Address:	rederin Association	
PART 4. REPOR	TABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or a areas of economic activity of each creditor. Do not list credit card lia regulated financial institutions. If none, check the box.		
None	MANIERE CONTROL CONTROL CONTROL CONTROL CONTROL SERVER CONTROL	HIS STATE OF THE PARTY AND
Name and Address of Creditor	Principal Type of Economic Activity of Creditor	
Name: Cumbulard Ct, Ecolol Credet		Home Equi
Name: Cunhuland Ct fedul Credet Address: Lestbrah, Maine		100%
Name:	•	
Address:		
PART 5. GIFTS, INCLUDING TE	RAVEL AND ACCOMMODATIO	NS
List the specific source of gifts received during the reporting period w	ith an aggregate value of more thar	\$300. If none, check the box.
None	ann menananan annan annan da dh'i dh'i dh'i dh'i dh'i dh'i dh'i dh'i	A CANADA SERVICE AND A CANADA SERVICE AND A CANADA SERVICE AND A CANADA SERVICE ASSESSMENT OF THE SERVICE ASSESSMENT OF TH
Name of Source of Gift	meginera essen a conserva con esta sustra sustra esta con esta esta esta conserva esta esta esta esta esta esta	Source of Gift
1.	3.	
2.	4.	

PAR	RT 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 S	Source of Honoraria
1.	3.	
2.	4.	
PART 7. REPRESENT	TATION BEFORE STATE AGENCIE	<b>:S</b>
List each executive branch agency before which you represe box.	ented or assisted others for compensation	on of any amount. If none, check the
None		
Name of Agency	Nam	ne of Agency
1.	<b>3</b> .	
2.	4.	polutetiin-valetiin-valetiin jourus vastasii kien valtaavanii assavus saavus saavus ile kanna kiin kieli kiili
List each executive branch agency to which you or a member \$1,000 during the reporting period. Indicate whether you or a None  Name of Agency	family member sold the goods or service	or services with a value in excess of es. If none, check the box.
1.	[Vid20e4-C469090] ft eX free(0,0) ft eight 2000 ft eVid20e4 (AV cold20e4 (AV cold20e4 (AV cold20e4 (AV file) (AV fil	adialatan unanah mini mamununkan mini akademiken inan munun menengan andi mahatu seduni ikum livim di Elitat bad
1	<b>3.</b>	
2.	4.	
	D BY MEMBERS OF IMMEDIATE I	
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind of \$1,000 or more, list his or her name and job title. List only the include gifts.	of income represented. If your spouse	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
Name: Michelle P. Mc Callan	1. Felan Li	nda Grindaden die das Circine in munestate dis Grindade in debuit de die en manuschia de
Job Title: JV/AC, p. f halter Schol Ahn	3.	3.
Dependent Child(ren) - Job Titles Only		
Job Title: ###		
Job Title:		
Job Title:		

held any office,	it or nonprofit corporation, fir trusteeship, directorship, or p compensated. If a family m	osition of any n	ature. Indicate whe	ther you or a family n	nember held the pos	sition and whether
☐ None	T Y T T T T T T T T T T T T T T T T T T	######################################	ulini, da kenandan saran musikkomornun nomina dia 11 ar mini saran manya nama, may 12 min 2000-	andra i an eneme a comment de decembra commente com enemente pe antigrando mente antido com entre de la compe		
	Organization/Business and Address		Title	Position Held By:	Family Member's Name	Compensated?
Andre	e scrysin	sp.ce	Bod	Se /F		No
Lecui	sten Reef Cel	76-	8-0	5014		\/ C
			SIGNATURE			
	alse statement, it shall ref			_2/	/15/12_ Date	_
	any additional informatio you are providing. Use a	n below (and o			cate the part or se	ection number for
Part/Section Number						
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PART 10. OFFICER OR DIRECTOR POSITIONS