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.

	LEGISLATOR INFORMATION	V	
Name Howard McFadde	Office: March House	☐ Senate	
Mailing address 19 Shipyard Road	District 30		
19 Shipyard Road City, zip code Dennysville, MF	Phone (207) 726	-4676	
PART 1. INCOM	IE DERIVED FROM EMPLOYM	ENT BY ANOTHER	
List the name and address of each private or pub whom you received compensation of \$1,000 or mo			n of the State, from
☐ None	CONTENTO - LE PROPORTION DE CONTRACTOR DE CO	- The second contraction of the second contract of the second constitution of the second contract and seco	ika (UTBOTTITITI II 1970) (Pad-)-t-VIIII (Arek) aasse aasteen aakteen valeen muutuu kanna vii kanna v
Name of Employer	Address	of E	f Economic Activity mployer
MK. State House of Representation	2 State House S ey Augusta, ME	itation Govern	ment
		TAKE THE PROPERTY OF THE PROPE	
PART 2. INCOME DER	RIVED FROM SELF-EMPLOYMI	ENT OR LAW PRACTICE	
A. List the name and address of your business or derived income. If associated with a partnership, factivity or practice of that entity.			
None	жени жана жана жана жана жана жана жана жа	кі удаві (бідде від бід на відення очен відня таковоров на восодів по под на под на под на под на под на под н	HE THE TRANSPORTER STATE OF THE
Name and Address of Business Entity or Law	Firm Major Areas of Econo Law Practice	omic Activity/ Law (self) (partnership, asso	Economic Activity/ Practice ciation, firm or similar ess entity)
Name:	V		
Address:		V 1000	
Name:	74 (1944) (1945)	an diministra of temperatura (construint) a series in construint (construint) distribution of the series of the series (construint) and the se	TET PERTURITUR PRIMITYTE PROGRESS NICHTING WYTHOLG IN PROGRESS THE THE CONTROL OF
Address:			
		:	

		and the second s	
PART 2 (continued). INCOME DE	ERIVED FROM SELF-EMPLOYMENT		
B. List each source of income derived from self-employment or I \$1,000, whichever is greater, and specify the principal type of ec income. If this form of disclosure is prohibited by law, rule, or an es economic activity of the entity or person from whom the income was	conomic activity of the entity or person from stablished code of professional ethics, specify	whom you derived such	
Name and Address of Source	Activity of	ipal Type of Economic of Entity or Person Who is Source of the Income	
Name:	Control provides and an experience of the control provides and an experi	COSIND-COSINDA ANI LISTO, A ANI LISTO DE COSINI POR LISTO DE COSINI DE COSINI DE COSINI DE COSINI DE COSINI DE	
Address:			
Name:		establishmens (1900 til vindistet Ordalist (1904 til store Alla Edit I til sinnin Arme andstande en en en en e	
Address:			
PART 3. OTHER SO	OURCES OF INCOME		
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or box.	2 of this form. Do not include gifts or honorari	ia. If none, check the	
None		### CONTROL OF THE PROPERTY OF	
Name and Address of Source		Kind of Income stments, leases, etc.)	
Name: Maine Public Employees Retirement System Address: 40 State-House Station, Augusta, ME 04333-0046		neut Pallsion	
Name:	THE MOST PROPORTIONS AND AND ADDRESS AND A	Sikharda dilakaida kuning daba dalah (finisi daka viru gebabah daka), a seoro dan gereperi gere da 120 perseng T	
Address:	***		
Name:	THE CONTROL OF THE SECRET OF THE CONTROL OF THE CON	Billed distribution in activity (Art Held Art Cambridge Cambridge) in global Distribution activity in acception acception of acception of the second cambridge Cambrid	
Address:			
PART 4. REPORT	TABLE LIABILITIES		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or nareas of economic activity of each creditor. Do not list credit card lial regulated financial institutions. If none, check the box.			
None	### ### ### ### ### ### ### ### ### ##		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor	
Name:			
Address:			
Name:		entermination and an activate construction of the state o	
Address:			
PART 5. GIFTS, INCLUDING TR	RAVEL AND ACCOMMODATIONS		
List the specific source of gifts received during the reporting period wi	ith an aggregate value of more than \$300. If r	none, check the box.	
⊠ , None	dada katinda ku waliiki wa u kuuna maka maka maka maya ee ya gara proventii ya ya ya maga beebeya ya ta ga	escriving decimal and an analysis of the secretary of the	
Name of Source of Gift	Name of Source of G	-пішном солот солот Біfft за солот	
1.	3.	rrower vers or i himines en la lime hen a silver en la sener me a menor me es creame commenzament amente meno	
2.	4.		

—	or speeches. If none, check the box.	k kan da la
None		and the state of the
Name of Source of Honoraria	Name of S	ource of Honoraria
1.	3.	
2,	4.	analomi est eller enda fregue en astalen av lastalen omali et av til att av til att av til att av til att av t
PART 7. REPRESE	NTATION BEFORE STATE AGENCIE	s
List each executive branch agency before which you repre- box.	esented or assisted others for compensation	on of any amount. If none, check the
None		
Name of Agency	Nam	e of Agency
1.	3.	
. The state of th	4.	aga (gunnanananangara a karjururum mengara-usu mgi kanadi ay hang mga ngi kanadi aga karanananananananananananananananananana
None Name of Agency .	TO CONTROL TO CONTROL TO THE CONTROL	е of Agency
	$egin{array}{c} & & & & & & & & & & & & & & & & & & &$	одината на применения на п
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kill of \$1,000 or more, list his or her name and job title. List on not include gifts.	nd of income represented. If your spouse by the job title of dependent children who re Type of Economic Activity	y your spouse or domestic partner or or domestic partner received income ceived income of \$1000 or more. Do
A form of the control	Representing Source of Income	Kind of Income
Name of Spouse or Domestic Partner and Job Title	Received	
	Received 1	1. Retirement (Pension
	1	
	1	
lame: Mary Mc Toolda	1	
ame: Mary Marodan ob Title: Dependent Child(ren) - Job Titles Only	1	NOTICE CHARGE OF THE SECRET CHARGE CONTRACT CHARGE CONTRACT CONTRA

None				
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensate
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	мания в принценти на принценти			nggara _ na mandamahandak (160 KBA) (170 MACK)
	SIGNATURE			
Legislator who willfully fails to file a required stateme intentional filing of a false statement is a Class Elfully filed a false statement, it shall refer its finding	crime. If the Comn	nission concludes	hat it appears that	
Signature	· · · · · · · · · · · · · · · · · · ·	Jan	17, 2012 Date	-

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.					