

JAN 17 2012

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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)

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 JONATHAN MCKAN Mailing address 30 BAY VIEW RD.	Office: House □ Senate  District		
City, zip code Newcestle,	84553	Phone	
PART 1. INCOME DERIN	/ED FROM EMPLOYMENT BY AND	OTHER STATES	
List the name and address of each private or public employ whom you received compensation of \$1,000 or more. Speci			
☐ None			
Name of Employer	Address	Principal Type of Economic Activity of Employer	
2000 States (CP-0400 April 2000 CP-040 April 2000 April	wire auswehrstland brecht der der der der Weiter konstag zu erfen er eine der der der der der der der der der de	en participa de destructura de actual de actua	
PART 2. INCOME DERIVED FF	ROM SELF-EMPLOYMENT OR LAV	V PRACTICE	
A. List the name and address of your business or law firm, derived income. If associated with a partnership, firm, profe activity or practice of that entity.			
None	онным немонический метрион (метрион от соторы высок составления выполнения выста выполнения вы	COOMS AND CHAILEST COMPAND MICE AND COMPAND STUDIES (COMPAND AND AND AND AND AND AND AND AND AND	
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)	
Name: MCKANE Electric Address: Newastle, Me 04553	Electrical Contracta		
Name:			
Address:			
		-	

PART 2 (continued). INCOME DE	ERIVED FROM SELF-EMPLOYMENT
\$1,000, whichever is greater, and specify the principal type of ec	law practice that represents more than 10% of your gross income or conomic activity of the entity or person from whom you derived such stablished code of professional ethics, specify only the principal type of derived.
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: MCKANE Electric Address:	
Name: Address:	
PART 3. OTHER S	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 honoraria. If none, check the
None	ABBETECHTER IN CESTION AND THE OFFICE AND ABBETECHTER IN THE ABBETECHTER IS ABBTECHTER IN THE ABBTECHTER IN THE ABBTECHTER IN THE ABBTECHTER IS ABBTECHTER IN THE ABBTECHTER IN
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	With SIGN Design Annual Committee Control Cont
Address:	
Name:	This An influented for present of present of the control of the Co
Address:	
Name:	
Address:	
PART 4. REPOR	TABLE LIABILITIES
	more that you received during the reporting period, and list the major abilities, educational loans, loans from a relative, or business loans from
None	WORST PROBLEM AND TO ACT CONSISTENCE OF A CONSISTENCE OF THE BUTCH AND A SHARE AND A CONSISTENCE AND A
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	MARKET IN SCHOOL PORTS OF THE THE STATE OF T
Address:	
Name:	
Address:	
PART 5. GIFTS, INCLUDING TF	RAVEL AND ACCOMMODATIONS
List the specific source of gifts received during the reporting period w	ith an aggregate value of more than \$300. If none, check the box.
None	
Name of Source of Gift	Name of Source of Gift
1.	<b>3.</b>
2.	4.

P.	ART 6. HON	ORARIA	
List the source of any honoraria accepted for appearances	or speeches.	If none, check the box.	· · · · · · · · · · · · · · · · · · ·
None .	TOP	WALANIARY HISTORY MALES OF CONTROL WATER	[William of the control of the contr
Name of Source of Honoraria	A MODEL SEELEMENT AND	Name of Se	ource of Honoraria
1.	3.		
2.	4.	GSELECTION CAREER COMMUNICATION	MICHAEL PARA PORTOPIA CITADO CORRESPONDE DE LA CALLANDA CONTRATA C
PART 7. REPRESE  List each executive branch agency before which you repre-	A STATE OF THE STA	FORE STATE AGENCIE	
□ None	**************************************	-market and the state of the st	3. Programment of the sum of the
Name of Agency		voim out of the construction of the constructi	e of Agency
1.	3.		
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	The first see a contract of the	STATE AGENCIES	the value in avege of
List each executive branch agency to which you or a men \$1,000 during the reporting period. Indicate whether you or	iber of your in a family meml	nmediate family solu goods ber sold the goods or service	or services with a value in excess or
Name of Agency	*SPERIOR CONTINUES (L'ARCES (L'ARCES (L'ARCES)) (L'ARCES) (L'ARCES	namanen manan manan Nama	e of Agency
Name or Agency  1.		COLINA	3 OI Agency  ———————————————————————————————————
2.	4.		
PART 9. INCOME RECEIV			
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 re ly the job title o	epresented. If your spouse of dependent children who re	or domestic partner received income
Name of Spouse or Domestic Partner and Job Title		e of Economic Activity enting Source of Income Received	Kind of Income
Name:		manus	1
Job Title:	3		2
Dependent Child(ren) - Job Titles Only	\$11500000000000000000000000000000000000		
Job Titte:	APT (IPP de constitut film) de constitut const	**************************************	
Job Title:	CONSTRUCTION OF THE PROPERTY O	формация на принципання на принципання на принципання на принципання на принципання на принципання на принципа На принципання на пр	
Job Title:	Program from transferent Hamiltonia Hamiltonia Calabridos Valencia in sensi	HERORENEZIPPOPANAMARIKALERISKALERIENANIANIANIANIANIANIANIANIANIANIANIANIANI	Professional and Associated States (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1

		PART 10. O	FFICER OR DIRECT	OR POSITIONS			
held any office,	trusteeship, directorsh	ip, or position of a	on, partnership or busin ny nature. Indicate whe ted, indicate your relatio	ther you or a family	member held the pos	ition and whether	
☐ None							
	Organization/Busin	and the finance of the finance of a statement of a statement of the statem	Title	Position Held By:	Family Member's Name	Compensated?	
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			SIGNATURE			Ma h. Sten Brazza za za za se se en e	
The intentional	filing of a false state	ement is a Class	ment is subject to a f E crime. If the Comr gs of fact to the Attor	mission concludes	that it appears that		
	Signature			/			
		AD	DITIONAL INFORMA	ATION			
	any additional info		nd on additional shee ages, if necessary.	ets if needed). Ind	icate the part or se	ction number fo	
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