

JAN 17 2012

Meine Ethics Commission

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 Clerk of the House or Secretary of the Senate 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.

	LEGISI	LATOR INFORMATION	
Name Lumberly Joan Monad Mailing address	ghan	-Derris	Office: Flouse
6 Russet Lane City, zip code Cape Elizabeth,	Mi	04107	121 Phone 201-749-9443
PART 1. INCOM	1E DERIV	ED FROM EMPLOYMENT BY ANO	THER
List the name and address of each private or put whom you received compensation of \$1,000 or mo	olic employ ore. Specif	er, including the Legislature and any ag y the principal type of economic activity	ency or subdivision of the State, from of each employer.
☐ None	l delibera i militar de mesos resumos mom		
Name of Employer		Address	Principal Type of Economic Activity of Employer
Maine State House y Reps.	<u> </u>	State House Station	Government
Segway Torns of Portland, ME	25 Po.	Pearl Street Hand, ME	Tourism Marketing
			·
PART 2 INCOME DE	DIVEN ED	OM SELF-EMPLOYMENT OR LAW	PRACTICE
A. List the name and address of your business or derived income. If associated with a partnership, activity or practice of that entity.	r law firm, i	f any, and list the major areas of econor	mic activity or practice from which you
None			
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:			
Address:	NOS SE MINISTER DE PROGRAMA DE SES SEMBLES DE SINOS CONTROLES DE SINOS CONTROLES DE SINOS CONTROLES DE SINOS C		
Name:			
Address:			

PART 2 (continued). INCOME DE	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
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Address:		
Name: Address:	но ова од населения от	general una section mone en encolare en la verti mit insidé de la lista des del 1943 des la lista de l
	OUROPE OF MOOME	
List each source of income of \$1,000 or more not listed in Parts 1 or	2 of this form. Do not include gifts	or bonoraria. If none, check the
box.	Z OI tille forms. Do not inforded yind	OF HORIOTARIA. II FROTO, OTOOK GO
None Challed State Control of the C	D HINGER WAS AND THE STATE OF T	
Name and Address of Source	e van	Kind of Income (investments, leases, etc.)
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Address:	Shannan da sa	
Name:	FLAT - A - A - A - A - A - A - A - A - A -	australians et eigen van er van er konste (a. D. d. dah) van de dah van de da
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Balance plant in the plant of t		iggy vigtiga quaming manning har and ground and discovering delta discovering the the Control of
Address:	Description	
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	AS INSTITUTE OF THE STATE OF TH	ти темпененных аныможно стоя стой торогой, не обидаваю дойно дойно стобо об до водене общений вышений от технов
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
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Address:	name of the second seco	
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Address:		<u>.</u>
PART 5. GIFTS, INCLUDING T	RAVEL AND ACCOMMODATIO	DNS
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.
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PART 7. REPRESEN	TATION DEFODE	STATE AGENCIES	
List each executive branch agency before which you represent		* * * * * * * * * * * * * * * * * * * *	
box.	Selited Of addictor on	1619 IOI Compendancii	of any amount. If none, shoot the
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	NESS WITH STATE		
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Name of Agency		Name o	article the section and the conference of the above income and the conference of the above the conference of the confer
1.	3.		
2.	4,		MANIENAN ELANAMAN MANIENAN PROGRAMMENTAN PROGRAMMENTAN PROGRAMMENTAN PROGRAMMENTAN PROGRAMMENTAN ELENANTHAN PROGRAMMENTAN
PART 9. INCOME RECEIV	ED BY MEMBERS	OF IMMEDIATE FA	MILY
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kin of \$1,000 or more, list his or her name and job title. List only not include gifts.	d of income represent	ted. If your spouse or	domestic partner received income
Name of Spouse or Domestic Partner and Job Title	Representing S	nomic Activity Source of Income eived	Kind of Income
Name: Kevim M. Derrib	1. Educat	-/m	1. Employment
Job Title: Toreman, South	2 3.		3.
Portland School Dept.	3.		
Dependent Child(ren) - Job Titles Only	noon the second	hengis A Senioran wannah sana waranna sana anda sa	
Job Title:			
Job Title:			SCENE OF THE PROPERTY OF THE P
Job Title:			

held any office, to the position was	rusteeship, directorship, or position compensated. If a family member i	is listed, indicate your relation	ship and the name	or the ramily membe	
None		···			
sateredensia erekata aseattiin saaspaaliseks paaleseks sastaskeels kastaskeels ka	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
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