



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

	. /						
Name	Office:						
Susan E. Morisei	Ŭ House ☐ Senate						
Mailing address		District 54					
City, zip code OY	901	873-5106					
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER							
List the name and address of each private or public employer, including the Legislature and any agency or subdivision of the State, from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.							
☐ None	om V matted with the Court and an aware Acoustical in the America Power Street Street Acoustic Acoustic Acoustic America and an analysis of the America Acoustic Acou	aprome en des pres propose en en en en montante presente en					
Name of Employer	Address	Principal Type of Economic Activity of Employer					
Legislature							
Maine State Haze 2 St of Representatives Aug	ate Hase Station Usta Marie	Covernment					
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PART 2. INCOME DERIVED FF	ROM 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							
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: 5 Mand Associates Consultive Address: 7 First St Winslaw Mana	Lasvess consulting						
11131 11 WINSKYD PRANK	The control of the co	$990 \pm 0.000 \pm 0.0000 \pm 0.000000000000000$					
Name:							
Address:							
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PART 2 (continued). INCOME DE	ERIVED FROM SELF-EMPLOYN	IENT	
B. List each source of income derived from self-employment or \$1,000, whichever is greater, and specify the principal type of edincome. If this form of disclosure is prohibited by law, rule, or an execonomic activity of the entity or person from whom the income was	conomic activity of the entity or perstablished code of professional ethics	son from whom you derived such	
Name and Address of Source	TO CELE AND	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income	
Name: Clients		Consulting	
Address:		Services	
Name:		0000 NOTION DE TITLE CONTINUE	
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 of	r honoraria. If none, check the	
None	terian seria-saata tarken eta erroma errano-erroma tarken arene arene arene etaken etaken etaken etaken etaken	Northwestern Control C	
Name and Address of Source		Kind of Income (investments, leases, etc.)	
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Address:	renodescribatives		
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Address:			
DART / DEDOR	TABLE LIABILITIES		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or rareas of economic activity of each creditor. Do not list credit card lia regulated financial institutions. If none, check the box.	nore that you received during the re		
		alli kalli k	
Name and Address of Creditor		Principal Type of Economic Activity of Creditor	
Name:	LIASTENNI ERRIAL LA PRINCIP (A CENTRO) ERRIAL DA PRINCIP ERRIAL PR	THE	
Address:		1	
Name:		en zakoruzen araban en erriarria erren erren erren erren zen erren erren erren erren erren erren erren erren e	
Address:		·	
PART 5. GIFTS, INCLUDING TR		taking Papaguan da dan mgi mengimenan makan minerakan gerebah mengimbah menginan menginan mengimbah mengimbah	
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	regers or statutativativa and another his simulature and statutativa in his simulature and statutativa and stat	TO THE CONTRACTOR OF T	
Name of Source of Gift 1.	Name of So	OUTCE OF GITT measurements protest required to research and the second and the se	
2.	entre	ompresident versionist in multiple (1885) des grots de moneur principales de moneur principales (1885)	

P.	ART 6. HONORARIA		
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.	in the boundary of the second	
None		novement with the control of the con	
Name of Source of Honoraria	Name of S	Source of Honoraria	
1.	3.		
2.	4.	тими и тиму жито не подострой обости подава до до база до не не не подава до не	
PART 7. REPRESE	NTATION BEFORE STATE AGENCI	ES	
List each executive branch agency before which you reprebox.	esented or assisted others for compensati	ion of any amount. If none, check the	
☐ None			
Name of Agency	Nan	ne of Agency	
1.	3.		
2.	4.		
	INESS WITH STATE AGENCIES		
List each executive branch agency to which you or a men \$1,000 during the reporting period. Indicate whether you or			
☐ None			
Name of Agency		ne of Agency	
1.	3.		
2.	4.		
	/ED BY MEMBERS OF IMMEDIATE		
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 onlinot include gifts.	nd of income represented. If your spouse by the job title of dependent children who re	e 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: Wilfred Morrssotte	1. Postal work	1. Emplapment	
Job Title: Clerk	2. 3.	3.	
Dependent Child(ren) - Job Titles Only			
Job Title:			
Job Title:			
Job Title:			

held any office	ofit or nonprofit corporation, firm, association, , trusteeship, directorship, or position of any r as compensated. If a family member is listed,	nature. Indicate wheth	er you or a family i	member held the pos	sition and whether
☐ None		PRODUCES DE SANTA POR RESEACO COSTO A CONSERVA A CONSTITUTA CO E SERVICIO POR CENTRAR CACADA EL ESTADO DE SANT	L ZBALEZ PO TO TO ZERO NEZ ESP POSSO ZERO ESPORTAR POR CAPACITAR A LA GARANDA POR CAPACITA POR C		######################################
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
Heart	of America Quilt FIRST SA Now Me 04901	Executive	Self-		
SOLANGE THE PROPERTY AND					
	/ho willfully fails to file a required stateme	SIGNATURE			
willfully filed a	The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) 2-3-/2 Signature Date				
Please provid		CIONAL INFORMAT			tion umber for
the informatio	le any additional information below (and n you are providing. Use additional page	on additional sheets es, if necessary.	i i needed). Indi	cate the part or se	ction number for
Part/Section Number					
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PART 10. OFFICER OR DIRECTOR POSITIONS