

FEB 6 2012

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)

Maine (Littos Cramaisolon

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.

| | LEGISL | ATOR INFORMA | ATION | | |
|---|--|--|--|--|---|
| Name Terry K. Morrison | | | Office: | ☐ Senate | |
| Mailing address 18 B Street | | | | District A | Ì |
| South Rodland Mc 04106 | | | | 207-831 | -0826 |
| PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER | | | | | |
| List the name and address of each private or pul whom you received compensation of \$1,000 or m | | | | | |
| None | ALCONOMINATION CONTINUES ACTION. | | | SOCIETIES CONTROLLES C | |
| Name of Employer | | Address | | Principal Type of Economic Activity of Employer | |
| Inn at ST John | ०० स्टिष | marese St | - Potland Mc | TVW / | / Hotel |
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| PART 2, INCOME DE | RIVED FRO |)M SELF-EMPLO | OYMENT OR LAW | PRACTICE | |
| A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity. | | | | | |
| None | SWANGERSCHAFFEREITSCHAFFERE | THE STATE OF THE STATE OF STAT | | interpretation of animal artificial armanial variables and electrical processor. | recurse trade establishment is statistically and other left flowed this work in 2000 flower way on com- |
| 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: | | | | | s ann an an a-mainnean a aghair an ao agh ag malaint a s-ail ann a' 1820 (1820 (1821 (1821 (1821 (1821 (1821 (|
| Name: | The second secon | THE STATE OF THE S | and the second s | CHINA TO THE TOTAL CONTROL THE TOTAL CONTROL TO THE TOTAL CONTROL TO THE TOTAL CONTROL TO THE | englysta American to the control of |
| Address: | | ; | | | |

| PART 2 (continued). IN | ICOME DERIVED FROM SEL | F-EMPLOYMENT |
|---|--|--|
| B. List each source of income derived from self-emplo \$1,000, whichever is greater, and specify the principal income. If this form of disclosure is prohibited by law, ru economic activity of the entity or person from whom the in | type of economic activity of the ule, or an established code of prof | entity or person from whom you derived such |
| Name and Address o | of Source | Principal Type of Economic Activity of Entity or Person Who is the Source of the Income |
| Name; | | |
| Address: | | |
| Name: | yponta falla (tind inn den referen en melapet inn ny sionen y menere variente automorphisme en menere met en e T | тете на тет не |
| Address: | | |
| PART 3. | OTHER SOURCES OF INCOM | ME |
| List each source of income of \$1,000 or more not listed in box. | Parts 1 or 2 of this form. Do not | include gifts or honoraria. If none, check the |
| None | | Kind of Income |
| Name and Address of | f Source Limitaria didici dicini disenda industria disenda disenda disenda disenda disenda didicini di disenda disend | (investments, leases, etc.) |
| Name: | | And the second s |
| Address: | ээлийгүүлж бараган байган байг | |
| Name: | | * n vide elitablished |
| Address: | | The Annual Control of the Control of |
| Name: | | |
| Address: | | delicens various results |
| PART 4. | REPORTABLE LIABILITIES | |
| List the names of creditors for any <u>unsecured</u> loans of sareas of economic activity of each creditor. Do not list credited financial institutions. If none, check the box. | | |
| None | | |
| Name and Address of Creditor | | Principal Type of Economic Activity of Creditor |
| Name: | Water and the Confession of the Water of 1998 and the Confession of the Confession o | |
| Address: | | |
| Name: | WHEN TO THE THE PROPERTY AND THE PROPERTY WAS AND THE PROPERTY AND THE PROPERTY WAS AND THE PROPERTY WAS AND THE PROPERTY OF THE PROPERTY WAS AND THE PROPER | М очен об очен об очен по очен об о |
| Address: | | |
| PART 5. GIFTS, INCLI | UDING TRAVEL AND ACCOM | MMODATIONS |
| List the specific source of gifts received during the reporting | ng period with an aggregate value | of more than \$300. If none, check the box. |
| None | | ACCUSTO NO. (1975) |
| Name of Source of Gift | | Name of Source of Gift |
| 1. | 3. | |
| 2. | 4. | |

| List the source of any honoraria accepted for appearances | or speeches. If none, check the box. | | | | |
|--|--|---|--|--|--|
| ☑ None | I LEIDAGIELLI MANDESTANDAMINE MENTERA (LE MENTERA LEI LANGUM EETEM LEINESTEN CHANNES MENTERA EETEM EN PHENTERA CONTRACTION CON | NETE GEORGE TE THE THE THE THE THE THE THE THE THE | | | |
| Name of Source of Honoraria | Name of S | Source of Honoraria | | | |
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| 2. | 4. | | | | |
| PART 7. REPRESE | NTATION BEFORE STATE AGENCIE | S | | | |
| List each executive branch agency before which you reprebox. | esented or assisted others for compensation | on of any amount. If none, check the | | | |
| None | у жанады қолам монен нә көрене фонд көм және мене де е енеде не енемен мене менед бору жене мене және бору жене менедене және және және және және және және ж | an adamahan ara mara halanda arah da 31 dankari fallandria 2004 da 31 da 3 | | | |
| Name of Agency | Nan | o en announcement de la company de la company La company de la company d | | | |
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| PART 8. BUS List each executive branch agency to which you or a men \$1,000 during the reporting period. Indicate whether you or | | | | | |
| None | | emissionen operariorisministratura anticonsistente en elichter over the little del the little del the little d | | | |
| Name of Agency | A CHARLES A VICE TO SECURITIVE THE SECURITIES AND ACCUSATION OF A SECURITIES AND ACCUSATION ACCUSATION AND ACCUSATION AND ACCUSATION ACCUSATION ACCUSATION AND ACCUSATION ACCUSATION AND ACCUSATION ACC | Name of Agency | | | |
| 1. | 3. | 3. | | | |
| 2. | 4. | | | | |
| PART 9. INCOME RECEIV | VED BY MEMBERS OF IMMEDIATE I | FAMILY | | | |
| List the type of economic activity representing each source dependent child(ren) during the reporting period and the kilof \$1,000 or more, list his or her name and job title. List on not include gifts. | nd 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: | 1 | 1 | | | |
| | 2 | 2 | | | |
| Job Title: | 3 | 3 | | | |
| Dependent Child(ren) - Job Titles Only | | | | | |
| Job Title: | | | | | |
| Job Title: | | | | | |
| Job Title: | | | | | |

| - | Organization/Busin and Address | ess | Title | Position Held By: | Family Member's Name | Compensated? |
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| A Logislator wh | o willfully falls to file | a a required statemen | SIGNATURE | o of up to \$100 | (1 M D C A & 101 | 7 A) |
| The intentional | filing of a false state | e a required statemer ement is a Class E cı | rime. If the Commis | ssion concludes t | hat it appears that | t a Legislator has |
| willfully filed a fa | alse statement, it sl | nall refer its findings o | of fact to the Attorne | ey General. (1 M | .R.S.A. § 1019) | |
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| | Dwk | | | 3/ | 2/2012 | |
| | Signature | | | C \/_ | Date Date | - |
| | | | | W.1 | | |
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| | | ADDIT | IONAL INFORMAT | 'ION | | |
| | | rmation below (and o | | s if needed). Indi | cate the part or se | ection number for |
| the information | you are providing. | Use additional page | s, if necessary. | | | |
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PART 10. OFFICER OR DIRECTOR POSITIONS

List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family member held the position and whether the position was compensated. If a family member is listed, indicate your relationship and the name of the family member.

None