## COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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Maine Ethics Commission

MAIL: 135 STATE HOUSE STATION, AUGUSTA, MAINE 04333 OFFICE: 45 MEMORIAL CIRCLE, AUGUSTA, MAINE WEBSITE: WWW.MAINE.GOV/ETHICS

TE: WWW.MAINE.GOVIETHICS PHONE: 207-287-4179

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# STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

2012 Calendar Year: January 1, 2012 - December 31, 2012

☐ Check here if this statement is an update or amendment of a previously filed statement.

Name	Office			
Cellen M Nadeau	⊠ House ☐ Senate			
Mailing Address 545 Caribon Road	District Number			
City/Town, State, Zip Ford Kent, ME 04743	E-mail Address WTPfordist10 Jahor Com			

### **FILING DEADLINES**

**CURRENT LEGISLATORS:** Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m. on February 15, 2013.

<u>LEGISLATORS LEAVING OFFICE</u>: Please file this statement with the Maine Ethics Commission by 5:00 p.m. on January 22, 2013. Please mail it to Maine Ethics Commission, 135 State House Station, Augusta, Maine, 04333-0135 or hand-deliver to the Commission's office at 45 Memorial Circle, Augusta, Maine.

## **GENERAL INSTRUCTIONS**

- Complete all sections. If a section is not applicable, check the box marked "None."
- A glossary is located in the back of this form.
- If completing this form by hand, please write legibly.
- Report the sources of income for you, your spouse or domestic partner, and your dependent children.
- Report only specific sources of income. Dollar amounts need not be listed.
- Campaign contributions and Maine Clean Election Act payments duly recorded as required by law need not be reported in this statement.
- State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information in this report. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.
- The completed statements are posted on the Commission's website and copies are made available to the public upon request.
- Please keep a copy of this statement for your records.

Please call the Commission staff 207-287-4179 if you have any questions.

Thank you for your cooperation.

Part 1. Income from Emp	loyment	by Anot	her					
☐ None. Check this box if	you did n	ot have	income fro	m employme	ent by an	other.		
Name of Employer		Address		Principal Ty Business A				Job Title
Stated Me.	115 G	ateHo	res Stal	Cover	nnea	1	Legi	slator
								ALVINIA V
Part 2. Income from Self-	Employn	nent						
☐ None. Check this box if	you điđ n	ot have	income fro	m self-emplo	yment.			11.54
Name of Your Business/Trade	Name			iress		Principal		conomic or Business ivity
Mike's & Sons		545 EM	Cariba Kent, W	. Krad NE 0474 :	3	ow.	ner	
		. 10.		<u> </u>	***************************************	Photo story 1	T	Ducinos
Name of Client or Customer, if requirements instructions)	uired (see		Ade	dress		Principal		conomic or Business of Client
								,
			····					
Part 3. Revenue of Busin	ess Entit	ies					NA BAN	
None. Check this box if	you and y	your imm	nediate fan	nily did not h	ave a ma	ajority shar	e in a bu	ısiness.
Name of Business			Adı	dress		Principal		conomic or Business ivity
			······································					
	ng ding dan							
Part 4. Income from the P	Practice o	f Law						
None. Check this box if	you did no	ot have i	ncome fror	n the practic	e of law.			
Name of Practice or Firm	Address			jor Areas of actice		Major Areas Practice	of a diag	Position: Partner, Associate, Sole Practitioner

☐ None. Check this box if you did no	t have income from any other source.	
Name of Source	Address	Type of Income
Fran Patterson deceased	405 Charette Will Road Fort Kent, ME 04743	inheritano
Part 6-A. Compensation Income of	Immediate Family Members	Andrew Commence of the Commenc
☐ None. Check this box if no member employment or compensation.	ers of your immediate family received in	ncome of \$2,000 or more from
Name and Job Title (do not list name of dependent child)		Principal Type of Economic or Business Activity of Employer
Eline Nadice Fab Tech	Northern Mains Med 10 Station Hill Fort Kink, ME 0474	Clinton Hospital
· · · · · · · · · · · · · · · · · · ·		
Part 6-B. Other Sources of Income	A. M. W.	
None. Check this box if no membe other source.	ers of your immediate family received ir	
Name of Spouse or Partner (do not list name of dependent child)	Source of Income Name and Address	Type of Income

None. Check this box if you did not have reportable liabilities.						
Lender's Name	Lender's Address	Principal Type of Economic or Business Activity of Lender				

None. Check this box if you did not received	any gifts.
Source of Gift	Source of Gift
1.	2.
3.	4.

Part 9. Honoraria					
None. Check this box if you did not received honoraria.	•				
Source of Honoraria	Source of Honoraria				
1.	2.				
3.	4.				

Part 10. Positions in Political Action or Ballot Question Committees							
None. Check this box if you were not a treasurer, officer, decision-maker, or fundraiser of a PAC or BQC.							
	Name of Committee			Title			
1,							
2.							

Part 11. Conducting Business wit	h State Agencies				
☐ None. Check this box if neither yo	u nor your immedia	ite family did busines	ss with any State a	gency.	
Name of Agency Name of Individual Selling Goods or Services Description of Good or Service					
D.O. 7	mitt	Caran	Sales + Se.	win	
Benrian Parks & Rice	D.O. T  May or may not be over 10,000  The service of State Proporty  12. Representing Others Before State Agencies				
Forest Servere	May or may nat	be over	of State (	roperty	
Part 12. Representing Others Bef	ore State Agencie	<b>S</b>	- American		
None. Check this box if neither yo	u nor your immedia	ate family represente	ed another before a	State agency.	
Name of Agency		Name of Ind	ividual Receiving C	compensation	
Part 13. Positions in For-Profit an	d Non-Profit Orga	nizations			
☐ None. Check this box if you and n profit organizations.	nembers your imme	ediate family did not	hold positions in an	y for-profit or non-	
Organization/Business and Address	Title	Name of Position Holder	Relationship to Legislator	Compensated Yes/No	
Cgape Christian Fellow F	Church	Eloine Nadian	□ Self	, No	
Ggape Christian Fellow F P.O. BOX83 FT, KT, ME Ggape	Brand Membe	Ollin Nadian	ಶ Self □ Spouse □ Dependent	No	
			□ Self □ Spouse □ Dependent		
	SIGN	ATURE			
I CERTIFY THAT I HAVE EXAMINED CORRECT, AND COMPLETE.	THIS REPORT A	ND TO THE BEST C	F MY KNOWELDG	BE IT IS TRUE,	
Allen M Nadean  Signature  Date					
Signature	Signature Date				
THE INTENTIONAL FILING OF A FALSE STATEMENT IS A CLASS E CRIME (1 M.R.S.A. § 1016-G(3)(B))					