

Name

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office:

House

Office: 45 Memorial Circle, Augusta, Maine

JAN 17 2012

telae Sate. . Commission

Website: www.maine.gov/ethics Phone: 207-287-4179

Fax: 207-287-6775

□ Senate

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

-ROBERT W. NUTTING

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.

LEGISLATOR INFORMATION

Mailing address	District				
PO Box 100	78				
City zin code	04963	3		Phone 465-7139	
PART 1. INCOM	E DERIVED	FROM EMPLOY	MENT BY ANO	THER	
List the name and address of each private or pub whom you received compensation of \$1,000 or mo	lic employer, re. Specify th	including the Legisla e principal type of ed	ature and any ag conomic activity	ency or subdivision of the State, from of each employer.	
☐ None					
Name of Employer	homework COMMITTED IN THE PROPERTY AND THE COMMITTED COMMITTED IN THE COMMITTED COMMIT	Address	- ALIANA TYT MILLIAN TYT THE WAR HAN A SAIT HAT PARKET FY TO THE TOTAL TO THE	Principal Type of Economic Activity of Employer	
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HOUSE OF REPRESENTATION	1 <i>6</i> 5	Augusta,	<u> MAINE</u>	gar pridakan sa	
WALMART	BENTO	NUILLE,	AR	RETAIL PHARMACY	
PHARMACY FROUP		LEA SANT		BUYING GROUP	
OF NEW ENGLAND	SCA	RBOROUGH	, ME	-	
PART 2. INCOME DEF	RIVED FROM	SELF-EMPLOY	MENT 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.	law firm, if ar firm, professio	ny, and list the major nal association, or s	r areas of econo similar business o	mic activity or practice from which you entity, list the major areas of economic	
None	Zimplesergest on the second engagement to produce a decision of a				
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)	
Mame:	ma(c) ₍₁₎ , and process and process (c) and (c) the second of the second	uduskal Publik 1996 (A New York of Professor of Professor of Annahomen (A Share Publik 1996) (1996) (A New York of Professor of Profess			
Address:				A STATE OF THE STA	
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Address:	APPL . 111111 1 1 1 111 1111111		. •		

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B. List each source of income derived from self-employment or law practice that represents \$1,000, whichever is greater, and specify the principal type of economic activity of the entity income. If this form of disclosure is prohibited by law, rule, or an established code of profession economic activity of the entity or person from whom the income was derived.	v or person 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
Name:	mentenende Artiferte Constitution (and Artiferte Artifer
Address:	Annual annual and
Name:	ARA PARTICIPAN AND AND AND AND AND AND AND AND AND A
Address:	
PART 3. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this form. Do not includ box. None	le gifts or honoraria. If none, check the
None Name and Address of Source	Kind of Income
	(investments, leases, etc.)
Name: PHARMACY GROUP OF NEW ENGLAND	STOCK
SCARBOROUGH, ME	DIVIDENDS
lame:	
Address:	
Name:	
Address:	Management of the Control of the Con
Address: PART 4. REPORTABLE LIABILITIES	
PART 4. REPORTABLE LIABILITIES List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received durin areas of economic activity of each creditor. Do not list credit card liabilities, educational loans, loans.	ng the reporting period, and list the major ans from a relative, or business loans from
PART 4. REPORTABLE LIABILITIES ist the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received durin treas of economic activity of each creditor. Do not list credit card liabilities, educational loans, loans.	ng the reporting period, and list the major ans from a relative, or business loans from
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PART 4. REPORTABLE LIABILITIES ist the names of creditors for any unsecured loans of \$3,000 or more that you received durin ireas of economic activity of each creditor. Do not list credit card liabilities, educational loans, loan equilated financial institutions. If none, check the box. None Name and Address of Creditor ame: ddress: PART 5. GIFTS, INCLUDING TRAVEL AND ACCOMMOD set the specific source of gifts received during the reporting period with an aggregate value of more	Principal Type of Economic Activity of Creditor
PART 4. REPORTABLE LIABILITIES List the names of creditors for any unsecured loans of \$3,000 or more that you received durin areas of economic activity of each creditor. Do not list credit card liabilities, educational loans, lose egulated financial institutions. If none, check the box. None Name and Address of Creditor lame: ddress: PART 5. GIFTS, INCLUDING TRAVEL AND ACCOMMOD ist the specific source of gifts received during the reporting period with an aggregate value of model of the process of the specific source of gifts received during the reporting period with an aggregate value of model of the process of the specific source of gifts received during the reporting period with an aggregate value of model of the process of the specific source of gifts received during the reporting period with an aggregate value of model of the process of the process of the specific source of gifts received during the reporting period with an aggregate value of model of the process of the pr	Principal Type of Economic Activity of Creditor
PART 4. REPORTABLE LIABILITIES List the names of creditors for any unsecured loans of \$3,000 or more that you received durin areas of economic activity of each creditor. Do not list credit card liabilities, educational loans, lost egulated financial institutions. If none, check the box. None Name and Address of Creditor Name: Iddress: PART 5. GIFTS, INCLUDING TRAVEL AND ACCOMMOD ist the specific source of gifts received during the reporting period with an aggregate value of modeling the specific source of Gift Name of Source of Gift	Principal Type of Economic Activity of Creditor OATIONS re than \$300. If none, check the box.

	PART 6. HONORARIA					
List the source of any honoraria accepted for appearance	s or speeches. If none, check the box.	EMIGENALI EUROPA SELBON ESCUENCI (CENTE POPOLA ESCUENCI POPOLA PARA PARA PARA PARA PARA PARA PARA PA				
Name of Source of Honoraria	Name of St	ource of Honorarie				
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2. ·	меня и политический политически	4.				
PART 7. REPRESI	ENTATION BEFORE STATE AGENCIE	s				
List each executive branch agency before which you repbox.	resented or assisted others for compensation	on of any amount. If none, check the				
None		menggyan menggy ya qiqayan gunu mengu un melanda bama kekili di				
Name of Agency	Nam	e of Agency				
1.	3.					
2.	4.	4.				
List each executive branch agency to which you or a me \$1,000 during the reporting period. Indicate whether you have a None Name of Agency	or a family member sold the goods or service	es. If none, check the box.				
	gorge grown where we construct the construction of the constructio	Name of Agency				
1.	3.	3 .				
2.	4.	4.				
	IVED BY MEMBERS OF IMMEDIATE F	一种 化二二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二				
List the type of economic activity representing each sour- dependent child(ren) during the reporting period and the l of \$1,000 or more, list his or her name and job title. List o not include gifts.	kind 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: WENDY NUTTING	1. EDUCATION	1. EMPLOYMENT				
Job Title: EDUCATION TECHNICIAN	2 3	2 3				
Dependent Child(ren) - Job Titles Only						
Job Title:						
Job Title:		THE STATE OF THE S				
Job Title:	The second process of the control of	учен один турнун үү (бин титин түйн түйн түйн түйн түйн түйн түйн түй				

		ART 10. OFFI	ICER OR DIRECTO	R POSITIONS			
held any office,	it or nonprofit corporation, fi trusteeship, directorship, or compensated. If a family i	position of any n	nature. Indicate whether	er you or a family r	member held the pos	sition and whether	
☐ None	Principal International Company Assertion (Assertion Company)	900007000000	SHEETING SHE		Shareh 1910 distribut E income and an annual state of the	307960024.5809144	
	Organization/Business and Address		Title ·	Position Held By:	Family Member's Name	Compensated?	
	MACY GROUT) ENGLAND BOROUGH, ME		DIRECTOR SECRETARY	SELF		YES	
	N PS S PATTY COSTS MOST TO THE STATE OF THE STATE COSTS AND AN ARMADOLISM AND ARM	manus del kalenna d'iniche dell'activo del dell'activo del dell'activo dell'activo dell'activo dell'activo del				; ; manufaction of an Auditorial of Auditorial Tribate Plantage and Auditorial Auditorial Auditorial Auditorial	

			SIGNATURE				
willfully filed a r	The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator havillfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) OI-08-2012 Signature Date						
		ADDIT	IONAL INFORMATI	ION			
	any additional informati you are providing. Use			if needed). Indi	cate the part or se	ection number for	
Part/Section Number							
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