2011 Calendar Year





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 Andrew R O'Brien	Office: Note: Senate		
Mailing address 217 Beach Rd	District 44		
City, zip code Lincolnville, MEO	Phone 207-542-4728		
	ME DERIVED FROM EMPLOYMENT BY AND	OTHER AND THE STATE OF THE STAT	
List the name and address of each private or put whom you received compensation of \$1,000 or mo	olic employer, including the Legislature and any agore. Specify the principal type of economic activity	gency or subdivision of the State, from of each employer.	
None	recording to the second of the	an mada di Palanda (III) da Na Na Maria (III) (IIII) (III) (
Name of Employer	Address	Principal Type of Economic Activity of Employer	
Bill's Blueberries	229 Main St Lincolnville, ME Of	g Blueberry harvest	
Bonney Staffing	477 Congress St Portland, M.	E Data entry	
		• The second of	
PART 2. INCOME DEF	RIVED FROM SELF-EMPLOYMENT OR LAV	V PRACTICE	
A. List the name and address of your business o derived income. If associated with a partnership, activity or practice of that entity.	r law firm, if any, and list the major areas of econo firm, professional association, or similar business	omic activity or practice from which you entity, list the major areas of economic	
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:			
Name:	erandes (17 st. St. College Communication College Coll		
Address:			

PART 2 (continued). INCOME E	DERIVED 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 eincome. If this form of disclosure is prohibited by law, rule, or an economic activity of the entity or person from whom the income was	economic activity of the entity or pe established code of professional eth	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
Name:	alanta anatah di jakan nepunen endamen te Casa di Salatan Menerakan kententuk menerak pendumi mahiya jana dami	ображда до до до до примен применення до применення применення применення до до применення до
Address:		* Andrews of the Control of the Cont
Name:	ang gang gang peror a sambat menangan kenan sakuan menangan bantah perunau satungan pengangan dan kemangan bantah dan kenangan bantah banta	
Address:		1
PART 3. OTHER	SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 obox.	or 2 of this form. Do not include gifts	or honoraria. If none, check the
None		egy (gy gy g
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:	LICTION ACTION POR CONTRACTOR OF LICENSE ACTION ACT	generations to the entered at the content of the entered at the en
Address:		
Name:	учасно-намали истания и почения на технорого може с станов и под технорого него настоя него него него на настоя него на него на него него него него него него него него	austra transfers on what is the order to the second
Address:		
Name:	OF THE PROPERTY OF THE PROPERT	Address of the control of the contro
Address:		
PART 4. REPOI	RTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or areas of economic activity of each creditor. Do not list credit card line regulated financial institutions. If none, check the box.		
None	reference (Charles) (Charl	
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	ument at Automission des POTCO and it is 100 CCC des mission des Nord All des Nord All des Sill und de All des Sill represents at the Anni POTCO and the Anni POTCO a	ROCKEL LANGUL MEETE PERIODECTE CHEEN ALL OLIVER A
Address:		
Name:	an aga aga na dasawa kata una arawa na kata wa dana na arawa kata kata na arawa kata kata na arawa kata na kata	aurelaud Nach (1888) e dalair de realain (1884) e dada (1884) e dalair (1884) e da (1884) e da (1884) e da (18
Address:		
PART 5. GIFTS, INCLUDING T	RAVEL AND ACCOMMODATION	DNS
List the specific source of gifts received during the reporting period	with an aggregate value of more tha	n \$300. If none, check the box.
None .	СОЗДИН ИЗДИНИ СОЗИНОТИ КОПОТИ РЕГИЧЕТИТЕТ ВИ ОТВОННИВНИНИЕМОГОТИНИЙ ТИКИГО БОЛИТОВ ЗА РЕСТИТИТЕМИ НЕМИЧНИ ИЗДИНОМОТИ РЕ	ения на экспектов пом статем и машена на на наменения на наменения общения общения в потобы пом наменения на н
Name of Source of Gift	синтериферационня контистический и исторический и исторический и исторический и исторический и исторический и и	Source of Gift Entering the control of the control
1.	3.	defined the definition of th
2.	4.	

	ART 6. HONORARIA			
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.	rannerar nenaanun n menyeryyystä onaa ouro oparenasian käää habusa käääää (1914 killääää (1918 käääää) (1918 k		
None Nome of Source of Honoraria	accontinuente contract contrac	ource of Honoraria		
Name of Source of Honoraria		OURCE OF HONORARIA		
1.	3 .			
2.	4,			
PART 7. REPRESEI	NTATION BEFORE STATE AGENCIE	S The Market State of the State		
List each executive branch agency before which you repre box.	esented or assisted others for compensation	on of any amount. If none, check the		
None	$+ 0 \lambda_{1} \lambda_{2} \lambda_{3} \lambda_{4} \lambda_{5} $			
September 1997 The Control of the Co	Nam	ne of Agency		
1.	3.			
2.	4.	4.		
	INESS WITH STATE AGENCIES			
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or				
None Name of Agency	Nam	e of Agency		
	A SEL AND ELL THE STORM OF THE SELECTION	3.		
1.	3 .			
2.	4.			
PART 9. INCOME RECEIV	/ED BY MEMBERS OF IMMEDIATE F	=AMILY		
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kir of \$1,000 or more, list his or her name and job title. List onl not include gifts.	e of income of \$1,000 or more received by nd of income represented. If your spouse by the job title of dependent children who re	y your spouse or domestic partner or 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:				

		PART 10. OFFI	ICER OR DIRECTO	OR POSITIONS		
held any office, trus	teeship, directorship,	, or position of any r	partnership or busine nature. Indicate whet indicate your relatior	her you or a family i	member held the pos	sition and whether
None						
Self Self Block (Statistics) with the destruction and a second recommendation of the self-second recommendation of the second recommendation o	Organization/Business and Address	жения на применения применения применения применения применения применения применения применения применения пр	Title	Position Held By:	Family Member's Name	Compensated?
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		ADDIT	TIONAL INFORMA	TION		
	ny additional inform u are providing. U		on additional sheet es, if necessary.	s if needed). Indi	cate the part or se	ection number for
Part/Section Number						
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