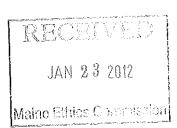


Name



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

Office:

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** 

KIMBERLY N. OLSEN			☑ House ☐ Senate		
Mailing address			District		
1200 MAIN ROAD			64		
City, zip code			Phone		
PHIPPSBURG, ME 0450	389~2237				
		VED FROM EMPLOYMENT BY ANO			
List the name and address of each private or pu whom you received compensation of \$1,000 or m	iblic emplo nore. Speci	yer, including the Legislature and any ago ify the principal type of economic activity of	ency or subdivision of the State, from of each employer.		
None			The state of the s		
Name of Employer	Address		Principal Type of Economic Activity of Employer		
OLSEN-EUSTON BUILDERS	1200-MAIN RD, PHIAPSBORG		RESIDENTIAL BUILDE		
THE LOBSTER HOUSE	395 SMALL PT RD PHIPPSBURG		RESTAURANT		
		ATE HOUSE STH, AUGUSTA	LEGISLATIVE GOV'T		
PART 2. INCOME DE		ROM SELF-EMPLOYMENT OR LAW			
A. List the name and address of your business of derived income. If associated with a partnership activity or practice of that entity.	or law firm, , firm, profe	if any, and list the major areas of econor essional association, or similar business e	nic activity or practice from which you intity, 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: OLSEN CUSTOM BUILDERS		RESIDENTIAL	RESIDENTIAL		
Address: 1200 MAIN RD, PHIPPSBURG		BUILDING CONTRACTOR	BUILDERS		
Name:					
Address:					

PART 2 (continued). INCOME DERIVED FROM SEL	F-EMPLOYMENT
B. List each source of income derived from self-employment or law practice that repression self-employment or law practice tha	e entity 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:	1600(76481000000000000000000000000000000000000
Address:	To provide addition to the second
Name:	(PERTITION OF THE PERTITION OF T
Address:	
PART 3. OTHER SOURCES OF INCOM	ME
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not box.	include gifts or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	темперия менер (1-м-пере 4-0-0-0-1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
Address:	
Name:	
Address:	
Name:	
Address:	White an unapper
PART 4. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received areas of economic activity of each creditor. Do not list credit card liabilities, educational loan regulated financial institutions. If none, check the box.	during the reporting period, and list the major ans, loans from a relative, or business loans from
None	м 11 м на 11 година (пр. 12 м на 11 м на 12
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	(PPPR) No. MC THE AND THE COLUMN TO THE COLU
Address:	THE PROPERTY OF THE PROPERTY O
Name:	ett og ett om hande til 1990 og 19
Address:	
PART 5. GIFTS, INCLUDING TRAVEL AND ACCOM	MMODATIONS
List the specific source of gifts received during the reporting period with an aggregate value	
None	p. V San-Sustain de l'accesse d
Name of Source of Gift	Name of Source of Gift
1. STATE LEGISLATIVE LEADERS FOUND, 3. (EMERGING LEADERS PROGRAM)	HE GAR AND STATE OF THE
2.	. Поериялы выполня (1904—1905—1905—1905—1905—1905—1904—1904—1905—1904—1905—1905—1905—1905—1905—1905—1905—1905

PA	ART 6. HONORARIA				
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.				
None		amus, y tempeng ang amas an amunina an ab-estate of Ashiri (Ashiri (As			
Name of Source of Honoraria	Name of So	urce of Honoraria			
1.	3.				
australization (a) in prepara authorisectuation of a contraction description of the contraction of the contr	4.				
PART 7. REPRESEN	NTATION BEFORE STATE AGENCIES	<b>3</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
List each executive branch agency before which you repre box.	sented or assisted others for compensation	n of any amount. If none, check the			
None		$- \frac{1}{2} \left( \frac{1}{2}$			
Name of Agency	Name	e of Agency			
1.	3.				
executive contraction manual contraction with a set and additional contractional contractions are contracted in the contraction of the contraction	4.	goret er eggel en er gemenne en strom en fan skrivet fan en gelânste de fan strom fan de en fan en fan en fan e			
PART 8. BUS	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	nber of your immediate family sold goods of a family member sold the goods or service	or services with a value in excess of s. If none, check the box.			
None					
Name of Agency	Name	of Agency			
1.	3.				
2.	4.	4.			
	VED BY MEMBERS OF IMMEDIATE F				
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.	nd of income represented. If your spouse of	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: SCOTT M. OLSEN	1. BUILDING CONTRACTO				
Job Title: PRESIDENT	2.       3.	3.			
Dependent Child(ren) - Job Titles Only					
Job Títle:	uus ang daga kang kang pang ang ang ang ang ang ang ang ang ang				
Job Title:					
loh Titler					

	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
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			and the state of t		
		SIGNATURE			
A Legislator who	willfully fails to file a required statemer	nt is subject to a fine	e of up to \$100. (	1 M.R.S.A. § 101	7-A)
The intentional fil willfully filed a fal	ing of a false statement is a Class E cr se statement, it shall refer its findings o	rime.  If the Commis of fact to the Attorne	ssion concludes t ev General. (1 M.	hat it appears that .R.S.A. § 1019)	a Legislator has
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Ken	nling L. (L			19 /1 2- Date	_
	Signature		· ·	Date	
	ADDITI	IONAL INFORMAT	ION		
Please provide a	iny additional information below (and o	on additional chapte	if peeded\ Indi	eate the part or co	oction number for
the information y	ou are providing. Use additional page	s, if necessary.	s ii needed). Indi	cate the part of se	ction number for
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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 None