

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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2011 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

FEB 15 2012

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 INFOR	RMATION				
Name John L. Patrick			Office:	☐ Senate		
Mailing address 206 Strafford Acc	District 14					
City, zip code Rumford, ME	04276	de conference de la con	Phone 369-766	6		
PART 1. INCOI	ME DERIVED FROM EM	1PLOYMENT BY ANO	THER			
	List the name and address of each private or public employer, including the Legislature and any agency or subdivision of the State, from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.					
None	all Management accommodate and accommodate	and the state of t	magnik da kining kan kan panggangan panggangan panggangan sa	www.chincheline.com/chinchelin		
Name of Employer	Address		Principal Type of Economic Activity of Employer			
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PART 2. INCOME DE	RIVED FROM SELF-EM	PLOYMENT OR LAW	PRACTICE			
A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity.						
None	ASSESSMENT OF THE SECOND SETTING VICINITY CONTROL OF THE SECOND SEC	TOTAL PRINCIPAL PROPERTY AND CONTROL AND CONTROL OF CON	977 X 200 (1990) C 10 C	APPLITY PROBLEM TO THE APPLICATION OF THE APPLICATI		
Name and Address of Business Entity or Law		s of Economic Activity/ r Practice (self)	Law F (partnership, assoc	Economic Activity/ Practice ciation, firm or similar ss entity)		
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Address:	** Programment					
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PART 2 (continued) IN	COME DERIVED FROM S	ELE-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	pyment or law practice that re type of economic activity of le, or an established code of	epresents more than 10% of your gross income or the entity or person from whom you derived such
Name and Address o	f Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
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Address:		
PART 3. 0	OTHER SOURCES OF INC	COME
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
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Name and Address of	· Source	Kind of Income (investments, leases, etc.)
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PART 4.	REPORTABLE LIABILIT	IES
List the names of creditors for any <u>unsecured</u> loans of sareas of economic activity of each creditor. Do not list creditor regulated financial institutions. If none, check the box.		
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Name and Address of Creditor		Principal Type of Economic Activity of Creditor
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PART 5. GIFTS. INCLU	JDING TRAVEL AND ACC	COMMODATIONS
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PART 7. REPRESE	ENTATION BEFORE STATE AGENCIE	es de la companya de
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	Organization/Business and Address	}	Title	Position Held By:	Family Member's Name	Compensated?
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		ADDIT	IONAL INFORMAT	ION		
Please provide the information	any additional information you are providing. Us	ation below (and o	on additional sheets	if needed). Indi	cate the part or se	ection 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