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.

	LEGISE	ATOK INFORMATION			
Name		Office:			
MATTINEW JOHN PETERSON			-House ☐ Senate		
Mailing address	V		District		
1/06 ROVE 2			92		
City, zip code			Phone		
RUMFORD, ME 04276		207-776-8051			
Montpaco, Mic o 10 10			EUI (16 003)		
PART 1. INCOI	ME DERIV	ED FROM EMPLOYMENT BY AN	OTHER		
List the name and address of each private or pu whom you received compensation of \$1,000 or m					
None	### COMPANIES TO STEELE THE STEELE TO STEELE THE STEELE				
Name of Employer	Address		Principal Type of Economic Activity of Employer		
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ALPMA ONE	, -	• • • •	LIVNG		
30 V / C		GATUMS, ME 04106 EMOUSE			
1 41			STATE LEGISLARE		
NV6 V		1521 ME			
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		•			
	DIVED FO	ON OF F FIND OWNER OF LA	WARRACTION		
PART 2. INCOME DE	KIVED FK	OM SELF-EMPLOYMENT OR LA	W PRACTICE - 1999 - 1999 - 1999		
A. List the name and address of your business of	or law firm, i	f any, and list the major areas of ecor	nomic activity or practice from which you		
derived income. If associated with a partnership, activity or practice of that entity.	irm, profes	ssional association, or similar business	s entity, list the major areas of economic		
None	eta i i peretta i praestični eligene elphoraŭ lanesteta.	$+ 488 \pm 484 \pm 48$	он может на наменения по поставления выполнения воду было в поменения на поменения на поменения в поменения вод		
entransministration of the second of the sec	lad volonistis and all little absence of the little and the little		Major Areas of Economic Activity/		
Name and Address of Pusiness Entity or Lay	u Eirm	Major Areas of Economic Activity/	Law Practice		
Name and Address of Business Entity or Law Firm		Law Practice (self)	(partnership, association, firm or similar business entity)		
Name:					
Address:	ene nivergen y 200 a zakolo do hod 100 lilikulo o o oslogije.		ar yang gaya kan dadak kan dalam sa kang dalam sa paga sa kang dalam sa ra ra sa ray ga maran manak 12 mili 2000 ka 10 mili		
Name:					
Address:					

PART 2 (continued). INCOME D	ERIVED 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 eeconomic activity of the entity or person from whom the income was	conomic activity of the entity or postablished 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:		
Address:		And the second of the second o
Name:		
Address:		
PART 3. OTHER S	OURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 or box.	2 of this form. Do not include gifts	or honoraria. If none, check the
None	tioning the engine transfer the content of the engine transfer to the engine to the engine transfer transfer to the engine transfer transfer transfer to the engine transfer transfe	t det gelier de 1900 de de trata la companya de la debase de la companya del la companya de la companya del la companya de la companya del la companya de la companya de la companya del la compan
Name and Address of Source	ETHINIAMANA AMIN'ANA MIN'ARANIN'ARANIN'ARANIN'ARANIN'ARANIN'ARANIN'ARANIN'ARANIN'ARANIN'ARANIN'ARANIN'ARANIN'A	Kind of Income (investments, leases, etc.)
обод сомножения поточности поменты менеродительного избергаторы выправления инсирационного инси	ભાગમાં (અમાનાનામાં, લાગમાં સામાના સામાના સામાના (અમાનાનામાં, લાગમાં સામાના	(III/OSUIIEIIIS, IEGSES, OIC.)
Address:		
Name:	ANNERSYN WY - ANNO AN HOLLOW AND ANNO ANNO ANNO ANNO ANNO ANNO ANNO	THE THE CONTRACT OF THE CONTRACT AS A SECURITY OF THE CONTRACT
Address:		
Name:	14 м геолд Сит (150 ж) менцина н Сом у Ангом (1655 200 м н Сом - 15 м на Сит (1665 150 к) живене (1665 15	www.energies.web.com/energies/
Address:		
PART 4. REPOR	TABLE 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 list regulated financial institutions. If none, check the box.		
None	MARTINI TETERA ETA ALCA (COLO PARTINI	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Name and Address of Creditor	anerement and a contain an artistic entering and a contained and a contained and a contained and a contained a	Principal Type of Economic Activity of Creditor
Name:	EEE EEE EEE EEE EEE EEE EEE EEE EEE EE	reference de la comprese del la comprese de la comprese de la comprese del la comprese de la comprese del la comprese de la comprese del la comprese della comprese de
Address:		
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Address:		
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PART 5. GIFTS, INCLUDING TI List the specific source of gifts received during the reporting period w	kuratha is a sulligeres emenja nja plantiskije implijnima a moju kora, kraju njukte ja a medina kora i kora i g T	
	THE THE THE STATE OF THE STATE	
Name of Source of Gift	Name of S	Source of Gift
1.	3.	
2.	irintaanii tarintainin inaaseenma valtaa irintaa arvaa muunuunuun maasaanaanaa uuruun saasaana $oldsymbol{4}_{+}$	OCTION PRINTED PROCESSAN P

2.			
	4.		
	••		
Name of Agency 1.	Name of Agency 3.		
2.	,4 .		
PART 9. INCOME RECEIVED BY N			
List the type of economic activity representing each source of incomdependent child(ren) during the reporting period and the kind of incomof \$1,000 or more, list his or her name and job title. List only the job title.	ne represented. If your spouse or d	omestic partner received income	
not include gifts.		VOORGEGESTS SEED SEED SEED SEED SEED SEED SEED	
	Type of Economic Activity presenting Source of Income Received	Kind of Income	
Name of Spouse or Domestic Partner and Job Title Re	Type of Economic Activity presenting Source of Income Received	озновають недальностивлення типов потогрумня при	
Name of Spouse or Domestic Partner and Job Title Re Name:	Type of Economic Activity presenting Source of Income Received	a SN-alera de la prima de la companya	

None	•				
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
Communty (Carlepis, INC.	BUKD MEMBER- BURD OR DIRECTALS	SELF	and the control of th	NO
WESTERV MW WE	Flormwy ACTION	BONTRO WEMVERT BONKS OF DIRECTORS	SEZF		100 miles (100 miles (
		SIGNATURE			
The intentional filir	ng of a false statement is a	d statement is subject to a fir Class E crime. If the Comm s findings of fact to the Attorr	nission concludes the design of the design o	that it appears that I.R.S.A. § 1019)	
Vijuta s	ignature		<u> 3-/1</u>	3 /2012	-
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		ADDITIONAL INFORMA	TION		
	ny additional information be ou are providing. Use addit	elow (and on additional shee ional pages, if necessary.	ts if needed). Ind	icate the part or se	ection number for
Part/Section Number					

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.