

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

## JAN 17 2012

## 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** 

John & Picchiotti			House	П О
form	1/0/			☐ Senate
Mailing address	7		District 84	
City, zip code	<i>I</i>	geriana e e e e e e e e e e e e e e e e e e	Phone	
6 VERDUN ST City, zip code FAIRFIELD		04937	207-453	1-2/37
PART 1. INCOMI	E DERIVE	D FROM EMPLOYMENT BY ANO	THER	
List the name and address of each private or publi whom you received compensation of \$1,000 or mor				on of the State, from
None		an (Arteriolo de Carteriologico Carteriologico Carteriologico (Arteriologico Carteriologico Cart	and the second seco	eggepanguna umanagun na na e <sup>ng</sup> anan na engan na manan na engan (1985) (1985) (1985) (1985) (1985) (1985)
Name of Employer	Address		Principal Type of Economic Activity of Employer	
	2	STATE Nona STATIC	AND THE PROPERTY OF THE PROPER	TORKAN AND HER VERY MERITARY VI BERGELF PER DENGEN HER TORKAN HER BERGEN SZETTEN ER REGESTE VAN STERRE STEVANS
MAINE STATE HOUSE OF REPRESE	TATILES - AUGUSTA MANINE		CONVERNMENT	
	aucontormontor€ montenantoricalisticono	amenteleleta dorani (mili oldoni (koroni veri (koroni manualan mar muramada), (koroni (koroni (koroni (koroni Koroni	indiana katangan di Karista katangan di Karista da Karista da Karista da Karista da Karista da Karista da Kari Karista da Karista da K	andra Marie (later to the later) to the Control of Cont
	MITTER CHARGO COLO ES ESPERAS PARTICIONES EL COLORDO PERO	O O NOTICE NELO COMENZA ESTA CONTROLINA DE SERVE EN PRESENTA POR MADERIA CONTROLINA DE CONTROLINA DE CONTROLINA DE C	MICOSOM TERCOTER — 1971 IVI — 2007 — TERMINITAR CATTON AT POLITE I CRITTISH PA	
		· · · · · · · · · · · · · · · · · · ·		
PART 2. INCOME DERI	IVED FRO	M SELF-EMPLOYMENT OR LAW	PRACTICE	
A. List the name and address of your business or derived income. If associated with a partnership, fi				
activity or practice of that entity.	onderson sing state of the characters of the control of the contro	i. Una franciani de alculo en des Biblio designado, son el composito de la composito de alculo en en embala de la cidad de la Cidad de Millio de M	on-At Intitilika Watua Riphandhuba Akachada Akachada Akachada Akhada Akachada Akacha	- HELDER SAN SHEEDELEN STEELE STEELE STEELE SAN SHEEDER OF SALES SAN SHEEDER SAN SHEEDE STEELE STEELE STEELE S
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:		CHARLES COMES PERSONAL VIOLET TE EL TEPRINOSTONION (CENTRO) CONTROL COMES COME	and a decrease of the state of	овивовать наваром производ в почения решения производит почения в
Address:				
			and personal and p	eneggenenenninggenenenninkels i had 0.001 sek 0.004 sek 0.004 il 0.004 bil 0.004 bil 0.004 bil 0.004 bil 0.004
Address:				

PART 2 (continued). INCOME DI	ERIVED FROM SELF-EMPLOYMENT		
\$1,000, whichever is greater, and specify the principal type of ed	law practice that represents more than 10% of your gross income accommon activity of the entity or person from whom you derived sestablished code of professional ethics, specify only the principal types derived.	such	
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Whethe Source of the Income		
Name:		W	
Address:		CLASSES HONDS	
Name:			
Address:			
PART 3. OTHER S	SOURCES OF INCOME		
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or box.	or 2 of this form. Do not include gifts or honoraria. If none, check the		
None		en e	
Name and Address of Source	Kind of Income (investments, leases, etc.)		
Name: BLETHER MAINE NEWSPHEARS  WETTS PARGO INSTITUTIONAL  Address: 733 MARQUETTE AVE MINN		KORRANAHARAN	
мате:		SOLUCION DE LA COMPANION DE LA	
Address:			
Name:		NOCKEMONAMONIAN	
Address:			
PART 4. REPOR	RTABLE LIABILITIES		
	more that you received during the reporting period, and list the matabilities, educational loans, loans from a relative, or business loans from		
None		ACCOMPANY OF THE STREET	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor		
Name:	AND RECORD CONTRACTOR	Piter and	
Address:			
Name:		34200000virtienu	
Address:			
PART 5. GIFTS, INCLUDING TI	RAVEL AND ACCOMMODATIONS		
List the specific source of gifts received during the reporting period w	with an aggregate value of more than \$300. If none, check the box.		
None		~~~~	
Name of Source of Gift	Name of Source of Gift	ANALOGO PORTO PORT	
1.	3	NA PRINCIPA DE LA CONTRACTOR DE LA CONTR	
2.	4.		

	or speeches. If none, check the box.	THINGS TO COMMISSION OF THE STATE OF THE STA			
None					
Name of Source of Honoraria	Name of So	ource of Honoraria			
1.	<b>3</b> .				
2.					
PART 7. REPRESE	NTATION BEFORE STATE AGENCIE	ş			
List each executive branch agency before which you reprebox.	esented or assisted others for compensatio	n of any amount. If none, check the			
None .	rquassammen med del femiliade uma à rebel et 10 la 2014 de	operative actual to the selection of the			
Name of Agency	Name	e of Agency			
1. ·	<b>3</b> .				
2.	Assessment to the contract of	enemy provinces and an ever the should be found by the delay to the state of the st			
PART 8. BUS  List each executive branch agency to which you or a men  \$1,000 during the reporting period. Indicate whether you or					
Name of Agency	Name	nullea karlein er dem er kommenter ein kollen kallein kallein kallein kallein kallein kallein kallein kallein E of Agency			
1.	3.	3.			
2.	4.	4.			
PART 9. INCOME RECEIVALE  List the type of economic activity representing each source dependent child(ren) during the reporting period and the ki	nd of income represented. If your spouse	your spouse or domestic partner or or domestic partner received income			
of \$1,000 or more, list his or her name and job title. List on	ly the job title of dependent children who re	ceived income of \$1000 or more. Do			
of \$1,000 or more, list his or her name and job title. List on	ly the job title of dependent children who re  Type of Economic Activity  Representing Source of Income  Received	ceived income of \$1000 or more. Do  Kind of Income			
of \$1,000 or more, list his or her name and job title. List on not include gifts.  Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income				
of \$1,000 or more, list his or her name and job title. List on not include gifts.  Name of Spouse or Domestic Partner and Job Title  Name:	Type of Economic Activity Representing Source of Income Received	Kind of Income			
of \$1,000 or more, list his or her name and job title. List on not include gifts.  Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income  1			
of \$1,000 or more, list his or her name and job title. List on not include gifts.  Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received  1	Kind of Income  1 2 3			
of \$1,000 or more, list his or her name and job title. List on not include gifts.  Name of Spouse or Domestic Partner and Job Title  Name:  Job Title:  Dependent Child(ren) - Job Titles Only	Type of Economic Activity Representing Source of Income Received  1	Kind of Income  1 2 3			
of \$1,000 or more, list his or her name and job title. List on not include gifts.  Name of Spouse or Domestic Partner and Job Title  Name:  Job Title:	Type of Economic Activity Representing Source of Income Received  1	Kind of Income  1 2 3			

		PART 10. OFFIC	CER OR DIRECT	FOR POSITIONS		
held any office,	it or nonprofit corporation, trusteeship, directorship, o compensated. If a family	r position of any na	ature. Indicate wh	ether you or a family r	nember held the pos	sition and whether
None						
	Organization/Business and Address	naard op ong one en weren geven en een de de een een de een een de een een	Title	Position Held By:	Family Member's Name	Compensated?
KSW	FCLI					11 (3
Col	IEGE AVE		Chair	John J. Prochotle		MO
LUMT	ERVILLE M	E 04901	Chair B.O.D.	Prochatte		
BOOLETSCAN SIGNATURE AND	TVISTE IN THE TITLE IN THE TITL			opprinted of the second	The Control of the Co	kymenne kinemus var vannen til kraft forskraften kine fra de konstrukt fra fliche fra fliche fra 120 mill.
			·			
			SIGNATURE			
The intentional	o willfully fails to file a refiling of a false statement alse statement, it shall ref	nt is a Class E cr	ime. If the Com	mission concludes t	hat it appears that	
John	Dorhio	thi		1-	3-12_ Date	
	Signature		·		Date	-
		ADDITI	ONAL INFORM	ATION		
ATTENDO comiliant medicini anti-manene energiza que se papa a se papa que esta productivo de la comiliant de l	7000-7-707-000-000-00-1-0-0-0-0-0-0-0-0-			e Participate Associate Material (Committee Associated Associated Associated Associated Associated Associated		nacional e provincia de la consecución de consecución de la consecución de la consecución de la consecución de
Please provide	any additional informat you are providing. Use	ion below (and o	n additional she	ets if needed). Indi	cate the part or se	ction number for
No in the international intern	you are providing. Osc	additional page	a, ii necessary.			
Part/Section	Salar S		silvalo de com			
Number	Andrews Communication (1999) The Communication (1999)					
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		NATU ELIGINEE 1 ET LIGHT SO AMOREM LET LIGHT STOCK AND				
						i
1						
						:
					·	