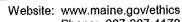
COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine



Phone: 207-287-4179 Fax: 207-287-6775



REJEYED 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						
Name DONALO E	. PILON	Office: House					
Mailing address 299 FERRY	ROAD	District 133					
City, zip code SACO M	E 04072	207 28481(Q)					
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER							
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							
Name of Employer	Address	Principal Type of Economic Activity of Employer					
SIGNATURE PORTYLIC 2	23 JEHERSON St. ME	REAL ESTATE BROKERATE					
STATE OF THE STATE							
PART 2. INCOME DERIV	VED FROM SELF-EMPLOYMENT OR LAW	V 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							
Name and Address of Business Entity or Law Fi	irm 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:							
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 e income. If this form of disclosure is prohibited by law, rule, or an e economic activity of the entity or person from whom the income was	conomic 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: Address:		
Name: Address:		
PART 3. OTHER 5	SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 o box.		or honoraria. If none, check the
None	as vers som ett av trocken til sin se tott av trocken til sin ett av trocken til se trocken til se trocken til	DORNAUSONYY ILANY RISIANI ROWN BORNY DYNNY WYW WYSHARAR BORNY HID WY DORNAU THA ROWN WY WY WY WY WY WY WY WY W
Name and Address of Source	можно-е для вышиновые учественного институтовые настой на наменентенным повым повым институтивания и повым инс	Kind of Income (investments, leases, etc.)
Name: DONALD PILON Address: 299 FERRY RO. SACO	outeractivation and contribute interior is anticontribute to a fit contribute and contribute of the Article In	Peal Estate INVESTMENTS
Name: Address:		
Name: Address:		
PART 4. REPOR List the names of creditors for any <u>unsecured</u> loans of \$3,000 or	TABLE LIABILITIES	reporting period, and list the major
areas of economic activity of each creditor. Do not list credit card lia regulated financial institutions. If none, check the box.		
None		Principal Type of Eggpomia
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name: Address:		
Name: Address:		
PART 5. GIFTS, INCLUDING T	RAVEL AND ACCOMMODATION	DNS
List the specific source of gifts received during the reporting period v	vith an aggregate value of more that	n \$300. If none, check the box.
None	KETE KETABUT PANDEN PET PET PET PET PET BET BET PET BET PE	очност вили типот с сонини подности на
Name of Source of Gift 1.	Name of S	Source of Gift
2.	4.	

List the source of any honoraria accepted for appearances	or speeches. If none, check the box.				
None	A CONTROL OF THE PROPERTY OF T				
Name of Source of Honoraria	Name of Sc	ource of Honoraria			
1.	3.				
	4.				
PART 7. REPRESE	NTATION BEFORE STATE AGENCIE	s			
List each executive branch agency before which you repre box.	esented or assisted others for compensation	n of any amount. If none, check the			
None	орожина в настройний в настрой				
Name of Agency	Name	e of Agency			
1.	3.				
2.	4.	можения выпривывающим выполнения и по том выполнения вы			
List each executive branch agency to which you or a men \$1,000 during the reporting period. Indicate whether you or None Name of Agency	r a family member sold the goods or service	es. If none, check the box. Approximately and the second of the second			
1.	3.				
2.	4.	4.			
PART 9. INCOME RECEIVL List the type of economic activity representing each source dependent child(ren) during the reporting period and the kilof \$1,000 or more, list his or her name and job title. List on not include gifts.	nd of income represented. If your spouse	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: LINSEY PION Job Title: ASSISTANT TO THE DEAN OF STUDENTS @ UNE	1. DUE Employee 2. 3.	1. <u>SQ/RRY</u> 2			
Dependent Child(ren) - Job Titles Only					
Job Title:					
Job Title:					
Job Title:					

held any office, tru the position was o	or nonprofit corporation, firm, association, isteeship, directorship, or position of any rompensated. If a family member is listed,	nature. Indicate whel	ther you or a family	member held the pos	sition and whether
None					and the second s
- MONTON MARKATON PORT OF THE SIGNAL STATE OF THE PROPERTY AND THE STATE OF THE SIGNAL	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
			COMMUNICATION CO		
		тругина	***************************************		
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	willfully fails to file a required stateme	SIGNATURE			
	NALL PLLMMA Signature	<u></u>		1/4/12 Date	=
	ADDIT	IONAL INFORMA	TION		
	ny additional information below (and ou are providing. Use additional page		ts if needed). Ind	icate the part or se	ction number for
Thinks of the Community		LANEX A COMMON ALCORATION AND RECEIVED TO COMMON AND AN ARCORD AND ARCORD LANC CANCER AND CANCER AN			ALTORINA ALBERTINA NORMONO POR TORONO CARRON E A PER ENTE A CONTRACTOR DE CONTRACTOR D
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PART 10. OFFICER OR DIRECTOR POSITIONS