

Office: 45 Memorial Circle, Augusta, Maine



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Fax: 207-287-6775

FEB 15 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 Clerk of the House or Secretary of the Senate 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.

	EGISLATOR INFORMATION						
Name Debra D. Howma	Office: ☐ House Senate						
Mailing address Box 468	District 33						
City, zip tode Hampden, ME 0444	207 8626011						
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	MATERIAL STATE OF THE STATE OF	man of a district of the NOV LESSES (AGES 64 MEX 15 MEZ) promption of personant areas or belief that Villabil (SEI III SEICH) MEZ (AGES 64 MEX 15 MEZ) promption of personant areas or belief that Villabil (SEI III SEICH) MEZ (AGES 64 MEX 15 MEZ) promption of personant areas or belief that Villabil (SEI III SEICH) MEZ (AGES 64 MEX 15 MEZ) promption of personant areas or belief that Villabil (SEI III SEICH) MEZ (AGES 64 MEX 15 MEZ) promption of personant areas or belief that Villabil (SEI III SEICH) MEZ (AGES 64 MEX 15 MEZ) promption of personant areas or belief that Villabil (SEI III SEICH) MEZ (AGES 64 MEX 15 MEZ) promption of personant areas or belief that Villabil (SEI III SEICH) MEZ (AGES 64 MEX 15 MEZ) promption of personant areas or belief that Villabil (SEI III SEICH) MEZ (AGES 64 MEX 15 MEZ) promption of personant areas or belief that Villabil (SEI III SEICH) MEZ (AGES 64 MEX 15 MEZ) promption of personant areas or belief that Villabil (SEI III SEICH) MEZ (AGES 64 MEX 15 MEZ) promption of personant areas or belief that Villabil (SEI III SEICH) MEZ (AGES 64 MEX 15 M					
Name of Employer	Address	Principal Type of Economic Activity of Employer					
Mavie State Senate	? State House Stn Augusta, ME 589 MRN	Government					
PDQ DOOR 5	amoden, ME 84444	Sales + service					
	189 MRN Hampden, ME 04444	hal este					
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT 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							
Name and Address of Business Entity or Law Fir	m Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)					
Name:							
Address:		200 200 200 200 V V V V V V V V V V V V					
Name:	200 200 200 200 200 200 200 200 200 200						
Address:							

PART 2 (continued). INC	OME DERIVED FROM SI	ELF-EMPLOYMENT
B. List each source of income derived from self-employ \$1,000, whichever is greater, and specify the principal t income. If this form of disclosure is prohibited by law, rule economic activity of the entity or person from whom the income.	ype of economic activity of e, or an established code of p	the entity or person from whom you derived suc
Name and Address of	Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	ND-COS MANTES A PORT A	CCS 1 CM (LAB CAS PT CTCS - 1) CCS (LAB CAS
Address:		
Name:		
Address:		
PART 3. O	THER SOURCES OF INC	COME
List each source of income of \$1,000 or more not listed in I box.		not include gifts or honoraria. If none, check the
None	446668894-VASSERIEWANSSERVEN ENGEN VERSCHEINE GEWENNE	
Name and Address of	Source	Kind of Income (investments, leases, etc.)
Name:		oneAhaana
Address:		
Name:	COM MORE BALL AND THE AN COLUMN PROCESSION IN A BALL AND	REPORT OF THE PARTY OF T
Address:		
мате:	op var 1990 til det 1990 til 1990 til 1990 til 1994 til 1990 var her her hande skale har fil til 1990 til 1990	OCCUPATION AND AND AND AND AND AND AND AND AND AN
Address:		
PART 4.	REPORTABLE LIABILITI	IES
List the names of creditors for any <u>unsecured</u> loans of \$3 areas of economic activity of each creditor. Do not list creditated financial institutions. If none, check the box.	3,000 or more that you recei lit card liabilities, educational	ived during the reporting period, and list the major loans, loans from a relative, or business loans from
None	OTO CONTROLLO CONTROLLO SACO A CONTROLLO A	терия и под под пред него него него него него него него него
Name and Address of C	reditor	Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:	THE MENT OF THE	«Каси» «Пере « ««Сенбо» (« «Сенбо» « «Сенбо» « «Сенбо» « «Сенбо» « «Сенбо» « « « « « « « « « « « « « « « « « «
Address:		
PART 5, GIFTS, INCLU	DING TRAVEL AND ACC	COMMODATIONS
List the specific source of gifts received during the reporting	period with an aggregate val	lue of more than \$300. If none, check the box.
None	на восного нашения на положение от нешения производения учения для форму по допубру, тор производ од 185 да допубру до	19-427-9-41111-16.15.1315-413-45-1975-1976-1846-165-17-16-16-1-17-16-18-1-18-18-18-18-18-18-18-18-18-18-18-1
Name of Source of Gift	ramen de Malende premierro volunt et emperatoria de la manda de manda de la manda de la manda de la manda de d La manda de la	Name of Source of Gift
1.	3.	
2.	4.	The state of the s

List the source of any honoraria accepted for appearances o	or speeches. If none, check the box.
None	
Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	4.
PART 7. REPRESEN	NTATION BEFORE STATE AGENCIES
List each executive branch agency before which you repres box.	sented or assisted others for compensation of any amount. If none, check the
None None None	
Name of Agency	Name of Agency
1.	3.
2.	4.
PART 8. BUSI	INESS WITH STATE AGENCIES
\$1,000 during the reporting period. Indicate whether you or	aber of your immediate family sold goods or services with a value in excess of a family member sold the goods or services. If none, check the box.
None	
1. DOT- Through PSD Soor	Name of Agency 3.
2.	4.
PART 9. INCOME RECEIV	ED BY MEMBERS OF IMMEDIATE FAMILY
dependent child(ren) during the reporting period and the kin	e of income of \$1,000 or more received by your spouse or domestic partner or and of income represented. If your spouse or domestic partner received income y the job title of dependent children who received income of \$1000 or more. Do
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received Kind of Income
Name: Jakud M. Mamat Job Title: PALSIALNT	1. Sales a service 2. rehts/property 3
Dependent Child(ren) - Job Titles Only	
Job Tille: Sales Clerk, Waitress	sales, service houlywage
Job Title:	+ tips
Job Title:	

	PART 10. OFFI	CER OR DIRECT	OR POSITIONS			
held any office,	fit or nonprofit corporation, firm, association, p trusteeship, directorship, or position of any n s compensated. If a family member is listed,	ature. Indicate whe	ether you or a family i	member held the pos	sition and whether	
☐ None		79/18/18/2004 година в дова в дова на дова и под	OF CONTROL OF AN OUT THE STOCK OF CONTROL ON	**************************************	A MERONON PROGRAM IN TOTAL ENVIRONMENT A LEGISLA CONTRACTOR CONTRA	
"Times Note held held for the College of the second particle and a second particle and a second particle and a second	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?	
Associate	Organization/Business and Address ID Builders a Contractors	Boasel Member	Sebra	one profession and the state of	No	
		ente la la circa de la comunicación como en exemplo de la comunicación de la comunicación de la comunicación d			er under det vertreer versche der versche	
		SIGNATURE				
The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) Add						
ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for						
the information	you are providing. Use additional page	###PP0000#############################				
Part/Section Number						
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