2011 Calendar Year



Name



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

Office:

House

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

□ Senate

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

E. Plummer

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

A LC C		DISTRICT
278 Gray Road		011
248 Gray Road City, zip code Windham, Maine	04062	Phone
Windham, Maine	0 10 8 2	892-6088
PART 1. INCOME DER	RIVED FROM EMPLOYMENT BY AND	THER
List the name and address of each private or public emp whom you received compensation of \$1,000 or more. Spe	loyer, including the Legislature and any agecify the principal type of economic activity	gency or subdivision of the State, from of each employer.
None	1889 (1682) \$1 1.00 TEC (1882) \$1 0.00 TEC (1882) \$	METRIC CENTRAL CONTROL
Name of Employer	Address	Principal Type of Economic Activity of Employer
Maine State Legislature	tended som i literature til	State House of
		State House of Representatives
PART 2. INCOME DERIVED I	FROM SELF-EMPLOYMENT OR LAV	/ PRACTICE
A. List the name and address of your business or law firm derived income. If associated with a partnership, firm, proactivity or practice of that entity.	n, if any, and list the major areas of econo ofessional association, or similar business of	mic activity or practice from which you entity, list the major areas of economic
		rease was area (1996 on hymness) 4-900 k-bere in 1499 e est anna viatament av vocant in handistanen kannaturun bersand k-bessatzibbergij ja ja anna kenta
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:		
Address:		
	1979-1981 - 1880 1880 1880 1880 1880 1880 1880	APPERENTATION OF THE TOTAL TO THE PROPERTY OF
Name:		
Address:		

PART 2 (continued). INCOME Di	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 ecincome. If this form of disclosure is prohibited by law, rule, or an economic 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 Activ		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income	
Name:	AND STATE OF THE S		
Address: Nove			
**** *** *** *** *** *** *** *** *** *	митетине и полимент в водительной в в	englanes arisones ameneras Autorios disembators hammatem del proposition de la cisco del Salvania Recibilità del 2000 CERCA DEL CONTROLLO DEL	
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	$y_{2} = y_{2} = y_{2$	was a finamo	
Name and Address of Source	v veroveta es escundos cum vivi alabot a la sessivi cum vivi com es policio es a Comita verso, es contia es escunda es escunda este esta esta esta esta esta esta est	Kind of Income (investments, leases, etc.)	
Name: Maine State Retirement	Syste -	Refired Teacher	
Address: Augusta, Meiline	лиштим и миниципутим принутут		
Name: Rental House	AND THE RESERVE AND THE RESERV		
Address: 256 Gray Road WIN	Chan, Malve 04062	Rental House	
Name:	s se distribution de a construction de part aux de mandres distributions of construction of co	And growing growing growing that a device in the Annie and Annie in the Annie in th	
Address:		0.000	
PART 4. REPOR	TABLE LIABILITIES		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or a areas of economic activity of each creditor. Do not list credit card lia regulated financial institutions. If none, check the box.			
None	Annum Mennen (Annum ett sinden hallen der Greich (Edel Annum ett sind til Annum ett sind et en Annum ett sind ett sinden	sseum saar vuurus asuvaltuvusseukirisilluudikkin olk vaaveettin kättiväh kaatatuttiitiista dastallikkin kätti ole 100 4440 (100 4490) (100 4490	
Name and Address of Creditor		Principal Type of Economic Activity of Creditor	
Name:			
Address:			
Name:			
Address:			
PART 5. GIFTS, INCLUDING TE	RAVEL AND ACCOMMODATION	ONS	
List the specific source of gifts received during the reporting period w		લાક પુરાના, મુક્તિ કુલ્લા કરવા છે. માન માટે તેમ માન માન માન માન માન માન માન માન માને માટે માને માન મુક્તિ માન 	
☑ None	A REAL PROCESSION CONTROL CONT	ордунунун туучун түүн түүн түүн түүн түүн түүн түүн тү	
Name of Source of Gift	roonijaassemustamassoonemaan raahomsuu amuun amuun amuun meanaan oo	Source of Gift	
1.	3.	100 0 to 100	
2.	4.		

	ART 6. HONORARIA	
List the source of any honoraria accepted for appearances None	or speeches. If none, check the box.	DEPART NAMES (CERTIFICATE DATA), ESCAN ESCAN ESCAN (ALBERT MARIS M
Name of Source of Honoraria	Name of S	ource of Honoraria
1.	3.	
	4.	
PART 7. REPRESE	NTATION BEFORE STATE AGENCIE	:s
List each executive branch agency before which you reprebox.	esented or assisted others for compensation	on of any amount. If none, check the
None	Hit david Stade had been mental an amening ang aya sa any ay mengapisah ang sapengga bangga pasangga pengan pasangga pengan pasangga pengan pasangga pengangga pengang	
Name of Agency	Nam 	e of Agency
1.	3.	
2.	4.	KELON OTE ERENKEETS BERMAN SERVESTE ELEVEN OFFISIELEEN KROUSELEELEEN LEIDEN ELEVEN ELEVEN VAN DE VERSCHEIDE VERSCHEID VERSCHEI
	INESS WITH STATE AGENCIES	
List each executive branch agency to which you or a men \$1,000 during the reporting period. Indicate whether you or	r a family member sold the goods or service	or services with a value in excess or es. If none, check the box.
None		
Name of Agency	Nam Namenter in the control of the	e of Agency министрация применения и и и и и и и и и и и и и и и и и и
1.	3 .	
2.	4.	
PART 9. INCOME RECEIN	VED BY MEMBERS OF IMMEDIATE F	
dependent child(ren) during the reporting period and the ki of \$1,000 or more, list his or her name and job title. List on not include gifts.	nd of income represented. If your spouse	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:Nore	1	1
Job Title:	2. 3.	2. 3.
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		
Job Title:	\$1000 C 1000 C 10	

held any office, trusteeship, directorship, or position of any nathe position was compensated. If a family member is listed,				
	TENERAL TENERAL TO THE	administrative elikativi kommakkini kudaliki (Arthur Vennisti	en distanda kirila da	titistiistet sii ja ja taleen maastaansi siir maada tand liin kii tiiriid kiiriisti.
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
Board of Trustees Comberland County Couse Center Pordand, Maine	Board Member	Myself		No
Windham Neighbors Helpine Neighbors Windham, Maine	Board Momber	Myself		h CO

A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A) 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)

2/15/12 Date

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 pages, if necessary.				
Part/Section Number				