2011 Calendar Year



Name

FEB 17 2012

Maine Philes Commission

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

Office:

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 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.

LEGISLATOR INFORMATION

L'harles R. Priest			☑ House ☐ Senate	
Mailing address			District	
9 BOWKER ST.			63	
City, zip code	,		Phone	
BRUNSWICK 0491		Action and Action	725-5439	
PART 1. INCOM	IE DERIV	ED FROM EMPLOYMENT BY ANO	THER	
List the name and address of each private or put whom you received compensation of \$1,000 or mo				e, from
☐ None				
Name of Employer		Address	Principal Type of Economic Ad of Employer	ctivity
Maine Legislature	2 S	totehnise Station	Legislating	
J 2 ·	Aug	usta 04333		
Bruswick Sewer District		me Tree Rood	www.iiomiomiomiomiomiomiomiomiomiomiomiomiom	er ri klation/Heraziar/CVII
Druisvice sever 15/11			treatment.	
	Brug	15WICK, ME 04011	ANNEEN HER PROGRESSE PHENDER SKRIKE VERSTEEN VERSTEEN VERSTEEN VERSTEEN VERSTEEN VERSTEEN VERSTEEN VERSTEEN VE	NOVA COMBONIO PROTECTO DE N. O
	*			
PART 2. INCOME DEF	RIVED FR	OM SELF-EMPLOYMENT OR LAW	PRACTICE	
 A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity. 	r law firm, i firm, profes	f any, and list the major areas of econorsisional association, or similar business of	mic activity or practice from whice ontity, list the major areas of eco	ch you nomic
None	ENCERTICAMENCATATACHEMANIACHANIA	HERCHART AL SERVICE AND COURT AND CO	med TVP Medicing in A same (go. / American (go. (go.)), go.)	ENTRY CHARLES TO SECURE TO SECURE
Name and Address of Business Entity or Law		Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Act Law Practice (partnership, association, firm or business entity)	-
Name: Law Office of Charles Price Address: 387 Water St., Augusta o	5t 4330	Administrative vaco Wills, Personal Insury Luber FactAnding, workers	NIA	BOOK PARTICIPATION AND THE PARTICIPATION AND
Name:		Compensation		
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 edincome. 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 pe stablished code of professional ethi	rson 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: PRIEST AFARTMENTS		untals of
Address: 387 Water St, Acrisista 0 4330		aprotments
Name: Address:	то нашай потого от том не от немей на том общенения вы выполнения на немей	
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		
Name and Address of Source	32.7	Kind of Income (investments, leases, etc.)
Name: A & Edwards	NY TETRA NY TANÀNA KARAMBAHANANA MANDAHANANA KARAMBAHANANA KARAMBAHANA KARAMBAHANANA KA	Investments
Address: 32 Pleasant St, Brunswick, ME	= 04611	•
Name: U.S. SOCIAL SECURITY Address:		Social Sourism od Age Ponsim
Name: Address:		
PART 4. REPOR	TABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or rareas of economic activity of each creditor. Do not list credit card lia regulated financial institutions. If none, check the box.		
None	ANDER MINISTER (CORELLE) - HET EFFER FERNAM HERSEN TERMEN TO TO BE HAND STEEL STEEL STEEL STEEL STEEL STEEL ST THE STEEL	при стоти принципання то то промену неполнену в нешем месцине до подвержде дового до под до этом в дового на д Пото при нешем
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:		
Address:		
PART 5. GIFTS, INCLUDING TE	RAVEL AND ACCOMMODATIO	NS
List the specific source of gifts received during the reporting period w	ith an aggregate value of more than	\$300. If none, check the box.
None	ACCOMMENDATE CONCENTRATION OF THE PROTECTION OF THE BEST AND ACCOUNT AS A CONCENTRATION OF THE BEST AND ACCOUNT AS A CONCENTRATION OF THE BEST AND ACCOUNT AS A CONCENTRATION OF THE BEST ACCOUNT ASSET AS A CONCENTRATION OF THE BEST ACCOUNT AS A CONCENTR	
Name of Source of Gift	нефинальными принципальными точно основностинення на принципальный принципальный на принципальный выпражений на	iource of Gift
1. Council of State Covernments, Eastern Profit (meeting in Halifax) 2. Memoral Fund (Meeting in Bistin)	3.	
2. MEMORIE Fund (Menting in Boston) MUBBONK	4.	

	ART 6. HONORARIA	
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.	ANNONNY PROVINCE TO CONTROL TO CONTROL
None		TECHNOSIS PROTEOS POR SECURIO SECUENTI A STRUMBORIO SECUENTI A STRUMBORIO A SECUENTI A PROTECTO DE PROTECTO A CONTROL PROTECTO A PROTECTO A CONTROL PROTECTO A CONTRO
Name of Source of Honoraria		ource of Honoraria
1.	3.	
	$(1600)^{-100} + (1600)^{-100$	dikitatikikurrun dan manaman memeran memeran mangan perjampan pengangan pengangan pengangan pengangan pengangan banggan
2.	4.	
PART 7. REPRESEN	NTATION BEFORE STATE AGENCIE	
List each executive branch agency before which you repre box.	sented or assisted others for compensation	on of any amount. If none, check the
None	umayayamista yarata ayarata ili ahada da	We detail a process of a large magnetic and decides in the order of the entire of th
Name of Agency		e of Agency
1. Maine Public Employees Retite mont	3.	
2.	4.	(NEUTRON) (TO ARPPORT OF STEER
	INESS WITH STATE AGENCIES	
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or	iber of your immediate family sold goods of a family member sold the goods or service	or services with a value in excess of es. If none, check the box.
None	MESCA LLCCM (SELEMANN MEMORIAN AND AND AND AND AND AND AND AND AND A	AN THE PROPERTY OF THE PROPERT
· Name of Agency	1920 PATEL 19 II 1900 NASA SINA NASA SINA NASA NASA NASA NASA	e of Agency
1.	анти по под при	TO PROPRIESE PRO
2.	4.	Andrews Andrews (Andrews Control of the Control of
	of annual services	
PART 9. INCOME RECEIV	ED BY MEMBERS OF IMMEDIATE F	AMILY
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kin of \$1,000 or more, list his or her name and job title. List only not include gifts.	nd of income represented. If your spouse of the job title of dependent children who recommend the properties of the prop	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: POTRICIA RYAN	1. Human Rights Law	1. State Selen
Job Title: Director I tu man Rights	1. Human Rights Law 2. Enforcement	1. State Scleny 2. Retrement
Commission	3. Pansim	3. Incomes (My ine) 4. Social Severity (US)
	4 Pansin S. Af Edwards	4. Social Secrity (US)
Dependent Child(ren) - Job Titles Only	3. Af Edward	5. In yos bacus
Job Title:		
Job Title:		
Job Title:		

☐ None					
Nagggeeeseetherheitingseeeg 11 Antonopyeepen van der daaleit helde einnemme.	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
Brunsale	la Sower District	Clair, Baeil of Trustees	Charles Prost	NA	ips
Vestory, Soint Pagus Church Brunswck, ME 04011		Vastry	PATRICIA RTON, Spouse	PATRICIA REAU	No
The intentional	no willfully fails to file a required stateme filing of a false statement is a Class E o alse statement, it shall refer its findings	crime. If the Commi	ssion concludes t	that it appears that	
The intentional willfully filed a f	filing of a false statement is a Class E of	ent is subject to a find crime. If the Commis	ssion concludes t ey General. (1 M	that it appears that	
The intentional willfully filed a f	filing of a false statement is a Class E calse statement, it shall refer its findings	ent is subject to a find crime. If the Commis	ssion concludes t ey General. (1 M	that it appears that I.R.S.A. § 1019)	
The intentional willfully filed a f	filing of a false statement is a Class E of alse statement, it shall refer its findings Lange Power Signature ADDIT	ent is subject to a finc crime. If the Commis of fact to the Attorned	ssion concludes tey General. (1 M	that it appears that I.R.S.A. § 1019) / '- /'- Date	a Legislator ha
The intentional willfully filed a f Chus Please provide	filing of a false statement is a Class E of alse statement, it shall refer its findings M. P. P. Signature	ent is subject to a fine crime. If the Commiss of fact to the Attorner of fact to the Attorner on additional sheets	ssion concludes tey General. (1 M	that it appears that I.R.S.A. § 1019) / '- /'- Date	a Legislator ha
The intentional willfully filed a f Chus Please provide	filing of a false statement is a Class E of false statement, it shall refer its findings Lange Power Signature ADDIT any additional information below (and	ent is subject to a fine crime. If the Commiss of fact to the Attorner of fact to the Attorner on additional sheets	ssion concludes tey General. (1 M	that it appears that I.R.S.A. § 1019) / '- /'- Date	a Legislator ha
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The intentional willfully filed a f Chase Please provide the information	filing of a false statement is a Class E of false statement, it shall refer its findings Lange Power Signature ADDIT any additional information below (and	ent is subject to a fine crime. If the Commiss of fact to the Attorner of fact to the Attorner on additional sheets	ssion concludes tey General. (1 M	that it appears that I.R.S.A. § 1019) / '- /'- Date	a Legislator ha
The intentional willfully filed a f Chase Please provide the information	filing of a false statement is a Class E of false statement, it shall refer its findings Lange Power Signature ADDIT any additional information below (and	ent is subject to a fine crime. If the Commiss of fact to the Attorner of fact to the Attorner on additional sheets	ssion concludes tey General. (1 M	that it appears that I.R.S.A. § 1019) / '- /'- Date	a Legislator ha

PART 10. OFFICER OR DIRECTOR POSITIONS