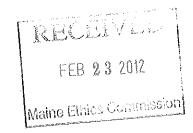
2011 Calendar Year





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

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

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			Office:	
11 1 2 1.			☑ House ☐ Senate	
Helen Rankin Mailing address			District	
84 Sebago Road City, zip code			97	
City, zip code			Phone	
Hiram, 04041			207-625-4620	
PART 1. INCOM	IE DERIVI	ED FROM EMPLOYMENT BY AND	THER	
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	
State of Moine House of Representatives	<u>A</u>	austa Maine	Legislatura	
of the second se	6			
	Meditions were the season of t			
PART 2 INCOME DE	RIVED FR	OM 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 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:				
gggggfga agamh gamagangang phinoladik om tiga kin kanta kala kala agamaga ggga, mayana sa khida kili kak sali Sili kanta (19 kili 19 k	TAN PRINCIPAL AND PROPERTY OF THE PROPERTY OF	1000000000000000000000000000000000000		
Name:				
Address:				
		<u> </u>		

PART 2 (continued). INCOME	DERIVED FROM SELF-EMPLOYMENT
\$1,000, whichever is greater, and specify the principal type of	or law practice that represents more than 10% of your gross income of economic activity of the entity or person from whom you derived such established code of professional ethics, specify only the principal type ovas derived.
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	WESTERN CORD HIS CORD HIS CORD AND AND AND AND AND AND AND AND AND AN
Address:	
Name: Address:	
	SOURCES OF INCOME
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 box.	or 2 of this form. Do not include gifts or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: Social Security Address:	Retirement
Name: LOS Secucities Address: Scarbreough, Maine Name: Maine State Retrement Address:	Investments
Name: Maine State Retrement Address:	Aguen Penseer
PART 4. REPO	PRTABLE LIABILITIES
	or more that you received during the reporting period, and list the major liabilities, educational loans, loans from a relative, or business loans from
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
меним или от	
Address:	
PART 5. GIFTS, INCLUDING	TRAVEL AND ACCOMMODATIONS
List the specific source of gifts received during the reporting period	d with an aggregate value of more than \$300. If none, check the box.
☐ None	
Name of Source of Gift	Name of Source of Gift
1.	3.
2.	4.

The state of the s	ART 6. HONORARIA			
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE		
None		\$2000\$\$\text{\$\exitit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\		
Name of Source of Honoraria	Name of Sc	Source of Honoraria		
1.	3 .			
7.	4.	And from his home to the state of the state		
PART 7. REPRESEN	NTATION BEFORE STATE AGENCIE	<u></u>		
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 Name of Agency	Nam	ne of Agency		
	Philipselfic (1 of the first first for the first for the first first for the first for	в от уденся		
1.	3.			
2.	4.			
PART 8. BUS	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				
None	HIDAMARTHANIANININININININANA PERINAN PERINANDARA BARPARTHANIANA PERINANDARA PERINA	A VAR = CONTROL + 25 A CAST + 86 A CONTROL + 46 A A CAST + 46 A		
Name of Agency	na proprio de la compressió de la compre	oornoonstandista kaasta ka Ne of Agency on talkoinstan kaasta		
1.	3.	Volume 7		
2.	4.	4.		
PART 9. INCOME RECEIV	/ED BY MEMBERS OF IMMEDIATE F	FAMILY		
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kir of \$1,000 or more, list his or her name and job title. List only not include gifts.	ind 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:	1	1		
	2	2		
Job Title:	3	3		
Dependent Child(ren) - Job Titles Only				
Job Title:				
Job Title:	No Protect Control of the Section Associated States (since the Maria Section States Associated to the Section States Associated to t			
Job Title:				

List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family member held the position and whether the position was compensated. If a family member is listed, indicate your relationship and the name of the family member.						
☐ None	and the second s	BY ELLY MICHIGAN TO A TO A COLOR TO THE TOTAL PROBLEM THAT A BROWN AND A COLOR BOARD	SSERBAL (ACCENTAL PROBLEM) (If you had not been problem on the horse of the horse o	rease serve servenum in De servenic is di in contraves servi staves à L'employer à l'arcite (Cit. de la Sicher m		
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?		
	PPPPP ANYTHINITYTHYN YN YN YCH YCH CHARLLOCTH TOWN AC COMPONENTIAM MAE'R AFMALIMAC C YN	2007/ADILISARAN - PARP ZZZIISI DA RIISARA AZIRINIZA ARIXADA ARIXADA ARIXADA ARIXADA ARIXADA ARIXADA ARIXADA AR		ara de descripción e como un de ser en como de ser de como de se en como de se en como como de consecuencion d		
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	SIGNATURE					
A Legislator who willfully fails to file a required st Γhe intentional filing of a false statement is a Cla willfully filed a false statement, it shall refer its fin	iss E crime. If the Com	mission concludes	hat it appears that			
Melen Rankin		Fl	7, 15, 201	.Z.		
Cigirator						
	ADDITIONAL INFORM	ATION				
Please provide any additional information below	(and on additional she	ets if needed). Indi	cate the part or se	ction number fo		

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					
THE STATE OF THE S					