2011 Calendar Year





COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 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

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David E. Richardson				M House	☐ Senate	
Mailing address				District		
634 Hampden Rd				33		
City, zip code				Phone	10 2414	
Carmel				(207) 81	18-3040	
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PART 1. INCOM	E DERIV	ED FROM EMP	LOYMENT BY AN	IOTHER		
List the name and address of each private or pub whom you received compensation of \$1,000 or mo	lic employere. Specify	er, including the ly the principal typ	Legislature and any be of economic activit	agency or subdivis y of each employe	sion of the State, from r.	
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Name of Employer	MINERAL SERVICES SERVICES AND SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES SERVICES	Addres			of Economic Activity Employer	
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PART 2. INCOME DER	IVED FR	DIVI SELF-EIVIP	LUTIVIENT OR LA	WPRACTICE		
 A. List the name and address of your business or derived income. If associated with a partnership, if activity or practice of that entity. 	law firm, i firm, profes	any, and list the sional associatio	e major areas of ecor n, or similar busines	nomic activity or pr s entity, list the ma	actice from which you jor areas of economic	
None		Weed to A state of the State of				
Name and Address of Business Entity or Law Firm		Major Areas of Economic Activity/ Law Practice (self)		La (partnership, as	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)	
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Address:						

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOY	MENT
B. List each source of income derived from self-employment or I \$1,000, whichever is greater, and specify the principal type of ec income. If this form of disclosure is prohibited by law, rule, or an es economic activity of the entity or person from whom the income was	onomic activity of the entity or pe tablished 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:	ka 200 (milat milat i ka alah milat menangan menangan menangan segang segang segang segang segang segang persopon	THE THE PATH OF THE
Address;		-
PART 3. OTHER SO	DURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or box.	2 of this form. Do not include gifts	or honoraria. If none, check the
None	- Met Armio André Al Mil did de Palambahadian promijam rengazinje ngovoj y porze porzenta z zonam za zazlaza korze a estate data sana	OT PANT OF CHICA STATE CONTROLLED AND AND AND AND AND AND AND AND AND AN
Name and Address of Source	en de de la companya	Kind of Income (investments, leases, etc.)
Namo: Maine Public Retiremployees Retirement ?	, bystem	999/1986/97 67 68 65 65 65 65 65 65 65 65 65 65 65 65 65
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Address:	Province	
PART 4. REPORT	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or nareas of economic activity of each creditor. Do not list credit card liab regulated financial institutions. If none, check the box.	nore that you received during the pilities, educational loans, loans fro	reporting period, and list the major m a relative, or business loans from
None :	kkini M. 40.000 Anihani na Pisha An emma pransus ya mwaza nina zana zana zana zana zana zana z	Principal Type of Coopering
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
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PART 5. GIFTS, INCLUDING TR	AVEL AND ACCOMMODATIO	NS
List the specific source of gifts received during the reporting period wi	th an aggregate value of more thar	\$300. If none, check the box.
None	PPCSTN-05-PPVANSPER PRESENCE (IRBANISA ORANISA ORANISA NA ESCALISA INDUSTRIA AREA (IRBANISA INDUSTRIA INDU	A CONTRACTOR OF THE CONTRACTOR
Name of Source of Gift	CONTRACTOR DE LA CONTRACTOR DE CONTRACTOR	Source of Gift
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List the source of any honoraria accepted for appearances	ART 6. HONORARIA or speeches. If none, check the box.	
None	MANAGEM TERMETERMETERMENT CONTINUES PER PART AND	arnotima partikon di konstruon di iliatah ingan garakan dan dan kalan kalan dan kalan kalan di ilian kanyan di
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PART 7. REPRESE	NTATION BEFORE STATE AGENCIE	S
List each executive branch agency before which you reprobox.	esented or assisted others for compensation	on of any amount. If none, check the
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1.	3.	
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List the type of economic activity representing each sourc dependent child(ren) during the reporting period and the k of \$1,000 or more, list his or her name and job title. List on 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: Diana Lynn Richardson Job Title: Executive Secretary	1. Education 2. Fund raising	1. Employment 2.
Job Title: EXPCUTIVE Secrefary	3	3.
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		The state of the s
Job Title:		

SE Basticook Valley Health 447 N. Main St. Pits field, ME 04967 MATINE IMAS enic College 4 ray al Lodge of traine 10.38 150 58 Partlend, HE 0412-5058 Banger Masonic Learning Center 29 4 Union St. Suite 3 Banger, HE 04101 SIGNATURE 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, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) Mand E. Alchardam Signature ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number to the information you are providing. Use additional pages, if necessary.	None	Organization/Business	тitle	Position Held	Family Member's	Compensated?
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PART 10. OFFICER OR DIRECTOR POSITIONS

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.