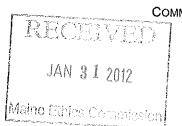
2011 Calendar Year





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.

	EGISLATOR INFORMATION	
Name /	/	Office:
Mailing address SG3 North Pond A	3 <i>~</i> ~	☐ Senate
Mailing address		District
SG2 Math long of	4	49
City, zip code	•	Phone
City, zip code	0-1864	207-273-3572
U) UV VV		00/0/3-33/2
PART 1. INCOME E	DERIVED FROM EMPLOYMENT BY AN	OTHER
List the name and address of each private or public whom you received compensation of \$1,000 or more.	employer, including the Legislature and any s Specify the principal type of economic activit	agency or subdivision of the State, from y of each employer.
None		NOTION OF THE PROPERTY OF THE
Name of Employer	Address	Principal Type of Economic Activity of Employer
State & Mains LogislaTure	Augustu	
PART 2. INCOME DERIVE	ED FROM SELF-EMPLOYMENT OR LA	W PRACTICE
A. List the name and address of your business or law derived income. If associated with a partnership, firm activity or practice of that entity.	v firm, if any, and list the major areas of ecor , professional association, or similar business	omic activity or practice from which you entity, list the major areas of economic
☐ None		
Name and Address of Business Entity or Law Firr	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:		
Name:		
Address:		

PART 2 (continued). INCOME D	DERIVED FROM SELF-EMPLOY	'MENT
B. List each source of income derived from self-employment of \$1,000, whichever is greater, and specify the principal type of income. If this form of disclosure is prohibited by law, rule, or an economic activity of the entity or person from whom the income was	or law practice that represents more economic activity of the entity or pe established code of professional eth	than 10% of your gross income or erson from whom you derived such
Name and Address of Source	Personnelle de la companya de companya	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	Communicative પ્રાપ્ત ભાગવાનું કરવાનું દાવાના હાલ પહાલન નવાન નવાન ભાગવાનું અને પ્રાપ્ત કરવાના પ્રાપ્ત કરવાના હ ભાગવાના માત્ર કરવાના માત્ર કરવાના માત્ર કરવાના હતા હતા કરવાના માત્ર કરવાના માત્ર કરવાના પ્રાપ્ત કરવાના સ્થાપના	
Address:		
Name:	логоодомня наположения по поченова на поченова на поченова на поченова до на поченова до на поченова до на поче Поченова на поченова на поченова на поченова на поченова на поченова на поченова до на поченова до на поченова	THE CONTRACTOR OF THE CONTRACT
Address:		
PART 3. OTHER	SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 obox.	or 2 of this form. Do not include gifts	or honoraria. If none, check the
None		ORD MET OUR MORE DEPOSITION AND PETTO OF PORTER AND ORDER OF AN AND AND AND AND AND AND AND AND AND
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:	disaksisanat Nicetti verilera antat tine a arawat tawak arawa sasar atawa atawa antawa atawa atawa atawa atawa I	200
Address: Chad. Schwab Investments		Inestments
Name:	TOTAL AND	advantation and a state of the
Address:	Participation	
Name;	THE STREET WAS TO STREET AS TO STREET AS TO STREET AS A STREET AS TO STREET AS TO STREET AS TO STREET AS A STREET AS TO STREET AS TO STREET AS A STREET AS A STREET AS TO STREET AS TO STREET AS A STREET AS A STREET AS TO STREET AS TO STREET AS A STREET AS TO STREET	BBH NICON (III) AN THO AN LEAN (III) AN AN AN AN THE AN THE WORLD WITH MILITARY AN AN HUMBER OF THE ANALYSIS AND AN
Address:	Opposition and the state of the	
PART 4. REPOI	RTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or areas of economic activity of each creditor. Do not list credit card I regulated financial institutions. If none, check the box.	r more that you received during the liabilities, educational loans, loans fro	reporting period, and list the major m a relative, or business loans from
		OR OCT (ME) AND
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	ARE COMMAND AND THE PROPERTY OF THE PROPERTY O	
Address:	THE PROPERTY OF THE PROPERTY O	
Name:	1903 (Marie Marie	raumanin Austra (1904-1904) eta
Address:	I III	
PART 5. GIFTS, INCLUDING T	FRAVEL AND ACCOMMODATION	DNS
List the specific source of gifts received during the reporting period		
None	2003 PM	***************************************
Name of Source of Gift 1		Source of Gift abstract activation and activation and activation and activation and activation activation and activation
		BPPSGERMAGENIA SANTANIA KARANTANIA KARANTANIA KARANTANIA KARANTANIA KARANTANIA KARANTANIA KARANTANIA KARANTANIA
2.	4.	

	ART 6. HONORARIA	
List the source of any honoraria accepted for appearances	s or speeches. If none, check the box.	HIBBERT NAALA 1-12AA-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-
None		PPIKANNA I Liiman erimmon pagaagon omogyyy egyrikin 1920 llegyillisel (1930/11) erikimisilisel killiseliki (1800/11) killiseliki (18
Name of Source of Honoraria	н өмүү жүрүү жүрүү байдан байд	Source of Honoraria
1.	3.	
Addition to the contract of th	4.	
PART 7. REPRESE	NTATION BEFORE STATE AGENCIE	≣S
List each executive branch agency before which you repr box.	esented or assisted others for compensati	on of any amount. If none, check the
None		44 A 55 (1997) (1998) (1997) (
Name of Agency	Nam	ne of Agency
1.	3.	
2.	4.	THE MATERIAL PROPERTY OF THE ANALYSIS OF THE PROPERTY OF THE PROPERTY OF THE ANALYSIS OF THE THE PROPERTY OF T
	INESS WITH STATE AGENCIES	
List each executive branch agency to which you or a mer \$1,000 during the reporting period. Indicate whether you o	mber of your immediate family sold goods r a family member sold the goods or service	or services with a value in excess of es. If none, check the box.
None		
Name of Agency	Nam Name of the control of the cont	e of Agency
1.	3.	
2.	4.	
PART 9. INCOME RECEIV	VED BY MEMBERS OF IMMEDIATE F	FAMILY
List the type of economic activity representing each source 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:	1	1
	2	2
Job Title:	3	3
Dependent Child(ren) - Job Titles Only		
Job Title:		manufacture to a manufacture to the second and the
Job Title:		
Job Title:	- THE PROPERTY OF THE PROPERTY	- CECTOTOT I IMPORTAT PORTO CUERTOS E ELECTRICA E ELECTRICA PARA ELECTRICA ANTO EL PRESENTA ANTO EL PRESENTA ANTO ENCONTRA EL PRESENTA ANTO EL PRESENTA ANTO ENCONTRA EL PRESENTA ANTO EL PRESENT

None			EEDOGEES ALGEBEES ALGER CAGA CAGAC CAN A A CAGALA NA ENGINANNA ET ET THE CAGACA AN ENGINEER A CAGACA AN ENGINEER A CAGACA AND CAGACA	of the family membe	MANAGE AND E ANDRES OF E EXTERNAL E EXPERIENCE OF REPORTS CONTINUENCY AND ANDRES AND AND ANDRES AND AND ANDRES AND AND AND ANDRES AND
	Organization/Business	Title	Position Held	Family Member's	Compensated?
Adalaser Perf (1988) 272 Iralii da Curina devendenti iralii Asia isa Curillie ee room	and Address	KKI NOOROKE LEEMESTERKESINON KEESEE. KEES (1900) SELEMEN SELEMEN KEEMINISTAAN MASAMAAN MASAMAAN MASAMAAN MASAM	Ву:	Name	egy (mp. vgr grypnowy y minst Lowellicowy oliowhold bolestobodiste bol 120182 bitt stet
				THE STATE OF THE S	
		·			
G GPENYETNEN EX KUED HZE ERBETH I NYELHGAPYGGGAPAGNANYAYAAG	ожин и жими калатамана манана на н	erne manser at gene pour ampour response on purpose construction and a final and AMM Self-AMM	ALAMONIA IA CELONO A REMONDA A A ORDINO CONTROLO CON A PER SAMENTO A CONTROLO CONTROLO CONTROLO CONTROLO CONTR		ndenski log skrigen et skriget og skriget skriget og skriget skriget skriget skriget skriget skriget skriget s
	•				
ASSESSABANI LEONINGENGENOME FOR MANUSCONSUMBANI UN FEREI GOO		nega tertitiki keta tertitik t	T LANGA (TELL)		ongonjenom overne o
		Application of Applic			
		SIGNATURE			
Legislator who	o willfully fails to file a required s	****	ine of up to \$100	(1 M R S A § 101)	7-A)
Moll	NS CMM 7 Signature		_3	Date 2011	-
[llalls	Signature			76, 3017 Date	-
	Signature	ADDITIONAL INFORMA		<u>∑an 26, 301≯</u> Date	
	Asignature Signature any additional information below you are providing. Use addition	w (and on additional she	ATION		
the information Part/Section	any additional information belov you are providing. Use addition	w (and on additional she	ATION ets if needed). Ind	icate the part or se	
the information	any additional information belov you are providing. Use addition	w (and on additional she nal pages, if necessary.	ATION ets if needed). Ind	icate the part or se	
he information Part/Section	any additional information below you are providing. Use addition	w (and on additional she nal pages, if necessary.	ATION ets if needed). Ind	icate the part or se	
he information Part/Section	any additional information below you are providing. Use addition	w (and on additional she nal pages, if necessary.	ATION ets if needed). Ind	icate the part or se	
he information Part/Section	any additional information below you are providing. Use addition	w (and on additional she nal pages, if necessary.	ATION ets if needed). Ind	icate the part or se	
he information Part/Section	any additional information below you are providing. Use addition	w (and on additional she nal pages, if necessary.	ATION ets if needed). Ind	icate the part or se	
he information Part/Section	any additional information below you are providing. Use addition	w (and on additional she nal pages, if necessary.	ATION ets if needed). Ind	icate the part or se	
he information Part/Section	any additional information below you are providing. Use addition	w (and on additional she nal pages, if necessary.	ATION ets if needed). Ind	icate the part or se	
he information Part/Section	any additional information below you are providing. Use addition	w (and on additional she nal pages, if necessary.	ATION ets if needed). Ind	icate the part or se	
the information	any additional information below you are providing. Use addition	w (and on additional she nal pages, if necessary.	ATION ets if needed). Ind	icate the part or se	

PART 10. OFFICER OR DIRECTOR POSITIONS