



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

onice: 45 Memorial Circle, Augusta, Maine

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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.

	LEGISL	ATOR INFORMATION		
Name Megan Rochelo Mailing address PO Box 2433	(F	Rochelo)	Office: Delivery House	☐ Senate
Mailing address		,	District	
PO BOX 2433			136	
City, zip code Psiddefryd	040	105	Phone 307.936	7.0110
PART 1. INCOM	IE DERIVI	ED FROM EMPLOYMENT BY AND	THER	
List the name and address of each private or pub whom you received compensation of \$1,000 or mo	lic employe ore. Specify	er, including the Legislature and any aq y the principal type of economic activity	gency or subdivis of each employer	ion of the State, from
□ None	CERTIFICATION OF COLUMN VIOLENCE AND	andonemara a manda (iiida ii dhe iida ii dhe she cheast deela teela teela ti talaa ii dhe cheast iii 1790-cheast an	-versión-de-de-control de	NATIONAL NATIONAL COMMUNICATION CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR C
Name of Employer	Address		Principal Type of Economic Activity of Employer	
State of Maine	:		Gover	nment
University of New England	II Hi	Ils Beach Rd deford, ME 04005	Educa	hion
		,	mm = 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
PART 2. INCOME DER	RIVED FR	OM SELF-EMPLOYMENT OR LAV	V PRACTICE	
A. List the name and address of your business or derived income. If associated with a partnership, activity or practice of that entity.	law firm, il firm, profes	f any, and list the major areas of econd sional association, or similar business	mic activity or pro entity, list the ma	actice from which you or areas of economic
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:	Canada Antonio Marine I Antonio Mercinio	egggestasses societatus, propries propriedis para demonitrar des de historia del PETE STANDON PETE EL PETE DE APRILLATOR DE L'ESTANDON PETE EL PETE DE L'ESTANDON PETE DE L'ESTANDON PETE EL PETE DE L'ESTANDON PETER DE L'ESTANDON	en e	and the second s
Address:				
чениями инфиционального постояния инфиционального община общинального общення общенна общення обще	, was not a specific of the first of the fir	apalanka ka ting in kepang tanggung ng mga mga mga mga mga mga mga mga mga mg	NA ATANÀNYA MININTENNA ATTENNA MININTENNA NA SANTATA AT PROPERTIES AND	Adelphilosopenisti (Edelphi (ELIPE) ED LEMETT (EDPEN) TELEVET FOR 1993 ESPANSE (ESPANS)
Address:				

	A PARTIE NO CONTRACTOR DE CANADA CONTRACTOR DE CONTRACTOR	
PART 2 (continue	ed). INCOME DERIVED FROM SELF	-EMPLOYMENT
B. List each source of income derived from se \$1,000, whichever is greater, and specify the p income. If this form of disclosure is prohibited by economic activity of the entity or person from who	rincipal type of economic activity of the of law, rule, or an established code of profe	entity or person from whom you derived such
Name and Ad	Idress of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		
Address:		to me the second of the second
мате:	HPPOPPER DANGER COOPER PER PROCESSES AND ACCUSATION STATES THE ACCUSATION OF CONTRACT AND ACCUSATION AND ACCUSATION ACCUSATION ACCUSATION AND ACCUSATION A	999/999/999/999/999/999/999/999/999/99
Address:		
PAI	RT 3. OTHER SOURCES OF INCOM	E
List each source of income of \$1,000 or more not box.	listed in Parts 1 or 2 of this form. Do not in	nclude gifts or honoraria. If none, check the
None	I BATTONITO MARTINITO INTERNATIONALISMOS POR PARTINITO IN INDIANA PARTINITANA PART	
Name and Ado	dress of Source	Kind of Income (investments, leases, etc.)
Name:		
Address:		
Name:	THE TOP OF THE LIGHT AND THE CONTRACT AND THE EAST AND THE CONTRACT AND TH	PROPORTION AND THE
Address:		
материя по положения денеровать на принципальной положения положе		TREATED OF THE ASSESSMENT AND ASSESSMENT AS A SECURITY AS
Address:		
P/	ART 4. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> los areas of economic activity of each creditor. Do no regulated financial institutions. If none, check the l	t list credit card liabilities, educational loan	during the reporting period, and list the major s, loans from a relative, or business loans from
None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
монетический объекты в подости не подости на подости не под		HE CHAPPING THE SEASON PERSONAL PROCESSION OF THE SEASON PERSONAL PROCESSION AND ARCHITECTURE AND ARCHITECTU
Address:		
Name:	очення 4 могно в 15 15 20 гд (12 15 17 10 го отно-менералине Статура повет пересона (12 16 гд (
Address:		
PART 5. GIFTS,	INCLUDING TRAVEL AND ACCOM	MODATIONS
List the specific source of gifts received during the	reporting period with an aggregate value o	f more than \$300. If none, check the box.
Mone None	GREEN STATE CONTROL AND	roma are seminar meneral prometor e con contrar o con titalona in consensa canada a meneral de sension con contrar de sension contrar de sen
Name of Source of Gift		Name of Source of Gift
1.	3.	1900 1900 1900 1900 1900 1900 1900 1900
2.	4	

PA	RT 6. HONORARIA			
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.			
None				
Name of Source of Honoraria	Name of So	ource of Honoraria		
1.	3.			
2.	4.			
PART 7. REPRESEN	NTATION BEFORE STATE AGENCIE	s and in Company		
List each executive branch agency before which you repre box.	sented or assisted others for compensatio	n of any amount. If none, check the		
None				
Name of Agency	Namo	e of Agency		
1.	3.			
2.	A.	w/place-en-place-p		
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or None	a family member sold the goods or service	s. If none, check the box.		
Name of Agency	Name	of Agency		
1.	3.	3.		
2.	4.			
	ED BY MEMBERS OF IMMEDIATE F			
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 onl 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: Jason Rochelo	1. Boot Yard	1. Salary/Employment 2. Stock Salal		
Name: Jason Rochelo Job Title: Marine Technician	2. Investment 3.	2. <u>Stock Salzer</u> 3		
Dependent Child(ren) - Job Titles Only				
Job Title: N/A				
Job Title:	The second of th	The state of the s		
Ioh Title:				

None	s compensated. If a family member			ette sige til det som ett som Ett som ett so	
"" " NOONUUN EIKON KANDONNY TIRKAN LIKARIAN KARANISIIT.	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
205 M	of Biddeford Lain St. Ford, ME 04005	Boatd Member	self		$N_{\mathcal{D}}$
Easterr d Main Bioldet	Trail Alliance St. Ford ME 04005	e Trustee	self		No
		SIGNATURE			
Mu (Porlulo Signature	ADDITIONAL INFORMA		/31/12- Date	
	e any additional information be n you are providing. Use additi		ls if needed). Indi	cate the part or se	ction number for
Part/Section Number					
·					

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