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

Office: 45 Memorial Circle, Augusta, Maine



FEB 15 2012

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.

	LEGISL	ATOR INFORMATION		
Name Richard Ro- Mailing address PO BOX 8- City, zip code BUCK SPORT	Office: House Senate District Phone 469 - 3779			
PART 1. INCOM	IE DERIVI	ED FROM EMPLOYMENT BY ANO	OTHER	
List the name and address of each private or put whom you received compensation of \$1,000 or mo				
None	www.co.co.co.co.co.co.co.co.co.co.co.co.co.	VIA SATA AND AND AND AND AND AND AND AND AND AN	OSENSKEI ETT SAMSTÄNDE TIL STÖRTE OCH INN TID A antick eine krante einer einer eine eine de Schröfe voll annämmenne eine kannat	
Name of Employer	The section and a section of the sec	Address	Principal Type of Economic Activity of Employer	
State OF Maine	St A	ate House Gusta	5-tate Senator	
	general and activities and comment and			
A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity. None	r law firm, if		mic activity or practice from which you	
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: Rosens Address: 72 Main St Bucksport Name:		Rétail		
Address:				

PART 2 (continued). INCOME DERIV	ED FROM SELF-EMPLOY	MENT	
B. List each source of income derived from self-employment or law p \$1,000, whichever is greater, and specify the principal type of econor income. If this form of disclosure is prohibited by law, rule, or an establi economic activity of the entity or person from whom the income was derived.	mic activity of the entity or pe ished code of professional ethi	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: 50me	VVIIAAAAAAQVEEERRIDEEN JAMAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		
Name:	TONOR TO CONTROL OF THE CONTROL OF T		
Address:			
PART 3. OTHER SOUR	RCES OF INCOME		
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of box.	this form. Do not include gifts	or honoraria. If none, check the	
None	malan a panana ga panja kang ang kang kang kang kang kang kang	друу актичтик адаруу тамдан сангандан <u>то</u> уу учинин аучин тоушу даруун адаруу даруу даруу тоуч тоуу тоуч тоуч тоуч	
Name and Address of Source	n kanara saharam makerara manggabbatkan dara dara sa sapanda pelamati seramangah besar kanara makembelah penge	Kind of Income (investments, leases, etc.)	
Name:	A SECTION PRACTICAL DOCUMENTA CONTROL TO A SECTION OF THE SECTION OF T	austranie aurorita un sociaria care in incorrente incorrente auroritario su resistante auroritario de denta est	
Name: ISM Address: ARMONK, MM		Investments	
Name:	of the Conference of the Confe	ашин тоо это мен не изоночно често то 37 Тання на не изо 3 поли и на не на	
Address:	VANANUTATION		
менения при	nemen in minima da kaja da memeningan peruma pe Peruma peruma	uutuutuun merinta viin enematti verinni meeleksi merinni meeleksi merinni meeleksi matuu meeleksi matuu meeleksi matuu	
Address:	velova circuit ven		
PART 4. REPORTAB	LE LIABILITIES		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more areas of economic activity of each creditor. Do not list credit card liabilities regulated financial institutions. If none, check the box.			
None	Andrew (1998) and the second control of the		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor	
Name:		akun salah mendadi di kelebahan di di disebihan di disebihan di dipengan pengguyan danggi dalah di dibebihan di dinggap piga danggi, , , , , , , , , , , , , , , , , , ,	
Address:			
Name:		Milliannichter Milliannicht werden der	
Address:			
PART 5. GIFTS, INCLUDING TRAVI	EL AND ACCOMMODATIO	NS .	
List the specific source of gifts received during the reporting period with an	n aggregate value of more than	\$300. If none, check the box.	
☐ None		THE CHARLES AND THE CHARLES AN	
Name of Source of Gift		Source of Gift orangement of the second of	
more and the control of the control	The BIG I	The second of th	
2. A . T			

	ART 6. HONORARIA			
List the source of any honoraria accepted for appearances		<u> </u>		
None	**************************************			
Name of Source of Honoraria	nnaderaterraterraterraterraterraterraterra	Source of Honoraria		
1.	3.	3.		
2.	4.			
PART 7. REPRESEI	NTATION BEFORE STATE AGENCIE	S		
List each executive branch agency before which you reprebox.	esented or assisted others for compensation	on of any amount. If none, check the		
None Name of Assessed	. Non			
Name of Agency		ne of Agency		
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	nber 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	STORM CONTROL AND A CONTROL AN	With the second		
Name of Agency	Landert desperative mente temperatura particular particular productiva produc	подавлення в достигня в подавления по подавления в подав		
1.	3 .			
2.		MINISTERMAN PROGRAMMENT ALL SOLD OF A TOTAL OF A STATE		
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 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: Kimberley Rosen Job Title: State Representative	1. Public Service 2	1. <u>Employment</u> 2		
Dependent Child(ren) - Job Titles Only		nere alle en		
Job Title:	Professional and the state of the contract of			
Job Title:		TO the description when the contract of the co		
Job Title:		A sequence of the second secon		

	Historic Film	Board	thirty was the state of the sta		\ 0
Buckspor	at	President	mysent		110
, ,	echants Assoc	Board Member	Control transmission evans have to evan have a consist state of the st	Makembar et 10 de debas on eur 20 demás Sanda Calaba (Calaba Antica Calaba).	
Augusta		######################################	grettek kale den et lik kaller til skolomisk kolomisk (1814-box (1814-1820)). I sell timerkele inskrede skolomisk	Not and the little literal to his little literal to the literal to be desired to be distributed to the literal	errenden koloniste erretti Saket berkeland sonder til til beskelation (1850–1850) (1850) (1850) (1850) (1850)
Bucksport Center Buckspor	Regional Hant	Momber	, '		. 1
		SIGNATURE			
The intentional filing of	Illy fails to file a required statemer a false statement is a Class E of atement, it shall refer its findings	rime. If the Commis	ssion concludes they General. (1 M.	nat it appears that	t a Legislator has
		IONAL INFORMAT	removed in the last of the best interest to committee the second of the	cate the part or se	
	lditional information below (and e providing. Use additional page		·	•	ection number for
		es, if necessary.	TORTONOMET MET TORTTONISM OR MAN OF MAN HOUSE OF MEMORY AND AN ART STATE OF MAN AND AND AND AND AND AND AND AND AND A		
the information you are Part/Section	e providing. Use additional page	es, if necessary.	TORTONOMET MET TORTTONISM OR MAN OF MAN HOUSE OF MEMORY AND AN ART STATE OF MAN AND AND AND AND AND AND AND AND AND A		

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

Title

Position Held

By:

Family Member's

Name

Compensated?

the position was compensated. If a family member is listed, indicate your relationship and the name of the family member.

☐ None

Organization/Business

and Address