



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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Name			Office:		
A ACAM			☐ House	☐ Senate	
Mailing address			District		
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PO BOX 877			40		
City, zip code			Phone		
BUCKSPORT O	441(4-0877	469-3779		
PART 1. INCOM	E DERIVE	ED FROM EMPLOYMENT BY AN	OTHER		
List the name and address of each private or pub whom you received compensation of \$1,000 or mo				on of the State, from	
None	r I armilus a Eriba a m Carbirlis (1250/111/mailirist	осня міжна учинальня свору дішня довіна пові повіна на неконові неконові неконові пові дові пові довін неконові неконові неконові на наставові неконові не	ASSESSES EL LEMISTRY, APPRICIA AL ARGOTT PA A A ARGOSTANA A ARRONA TA PARAMA A ARGOTTANA A	menter er ver en en en bester er en en bleid for å blikke in 12 erlend av boer her bok delektiot i 1555/1556/4	
Name of Employer		Address		of Economic Activity mployer	
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PART 2. INCOME DEF	RIVED FRO	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.	iim, profes	sional association, or similar dusiness	entity, list the majo	r areas or economic	
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Name and Address of Business Entity or Law Firm		Major Areas of Economic Activity/ Law Practice (self)		Practice ociation, firm or similar	
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Name;					
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PART 2 (continued). INCOME	DERIVED FROM SELF-EMPL	OYMENT	
B. List each source of income derived from self-employment \$1,000, whichever is greater, and specify the principal type o income. If this form of disclosure is prohibited by law, rule, or a economic activity of the entity or person from whom the income of the content of the entity or person from whom the income of the entity or person from whom the income of the entity or person from whom the income of the entity or person from whom the income of the entity or person from whom the income of the entity of the entity or person from whom the entity of the entity or person from whom the entity of the entity or person from whom the entity of t	f economic activity of the entity or n established code of professional of	person from whom you derived such	
Name and Address of Source	e	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income	
Name:		•	
Address:			
Name:		A Consideration of the Constitution of the Con	
Address:			
PART 3. OTHE	R SOURCES OF INCOME		
List each source of income of \$1,000 or more <u>not listed</u> in Parts toox.		fts or honoraria. If none, check the	
None	and All the mentals that it is the colored in procedure of the colored processing and color	response of the transition of the server of the end of	
Name and Address of Source	Kind of Income (investments, leases, etc.)		
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Address:			
PART 4. REPO	ORTABLE LIABILITIES		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 areas of economic activity of each creditor. Do not list credit care egulated financial institutions. If none, check the box.	or more that you received during the		
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Name and Address of Credito	Principal Type of Economic Activity of Creditor		
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Name of Source of Gift	Name (of Source of Gift	
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List the source of any honoraria accepted for appearances	or speeches. If none, check the box.				
None					
Name of Source of Honoraria	Name of Sc	ource of Honoraria			
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PART 7. REPRESE	NTATION BEFORE STATE AGENCIE	\$			
List each executive branch agency before which you reprebox.	esented or assisted others for compensatio	n of any amount. If none, check the			
None		ggeggggggggggggggggggggggggggggggggggg			
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	na programa na o turno esta manga na producina na produci	Name of Agency			
1.		3.			
2.	4.	4.			
PART 9. INCOME RECEIV	/ED BY MEMBERS OF IMMEDIATE F	AMILY			
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kill of \$1,000 or more, list his or her name and job title. List only 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: Richard Rosen	1	1.			
Job Title: State Senator	2. Rublic Service 3.	2. Employment			
Merchani	Ketail	W. W			
Dependent Child(ren) - Job Titles Only					
Job Title:					
Job Titte:					
Job Title:					

	PART 10. OFF	ICER OR DIRECTO	OR POSITIONS		
held any office,	it or nonprofit corporation, firm, association, trusteeship, directorship, or position of any r s compensated. If a family member is listed,	nature. Indicate whet	her you or a family n	nember held the pos	sition and whether
☐ None				***************************************	Andrew
Milled C & Grant Medical Control of Control of Arthur & Section Sec	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
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		SIGNATURE			
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	ADDIT	TIONAL INFORMAT	TION		
Please provide the information	any additional information below (and you are providing. Use additional page	on additional sheet es, if necessary.	s if needed). Indic	ate the part or se	ction number for
Part/Section Number					
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