

## COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

FEB 15 2013

Maine Ethics Commission

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

## STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

2012 Calendar Year: January 1, 2012 - December 31, 2012

☐ Check here if this statement is an update or amendment of a previously filed statement.

Name Diane Russell	Office ☐ Senate
Mailing Address  AG VODOS	District Number
City/Town, State, Zip  Potand ME 640)	E-mail Address Liame runnell 2076

## **FILING DEADLINES**

<u>CURRENT LEGISLATORS</u>: Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m. on February 15, 2013.

<u>LEGISLATORS LEAVING OFFICE</u>: Please file this statement with the Maine Ethics Commission by 5:00 p.m. on January 22, 2013. Please mail it to Maine Ethics Commission, 135 State House Station, Augusta, Maine, 04333-0135 or hand-deliver to the Commission's office at 45 Memorial Circle, Augusta, Maine.

## **GENERAL INSTRUCTIONS**

- · Complete all sections. If a section is not applicable, check the box marked "None."
- A glossary is located in the back of this form.
- If completing this form by hand, please write legibly.
- Report the sources of income for you, your spouse or domestic partner, and your dependent children.
- Report only specific sources of income. Dollar amounts need not be listed.
- Campaign contributions and Maine Clean Election Act payments duly recorded as required by law need not be reported in this statement.
- State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information in this report. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.
- The completed statements are posted on the Commission's website and copies are made available to the public upon request.
- Please keep a copy of this statement for your records.

Please call the Commission staff 207-287-4179 if you have any questions.

Thank you for your cooperation.

Part 1. Income from	n Employment	by Ano	ther		s, Nist		in the	
☐ None. Check this	box if you did n	ot have	income from	n employme	ent by an	other.		
Name of Employer		Addres	Address Principal Type of Economic or Business Activity of Employer			nomic or mployer	Job Title	
Morel Con	nmunicati	State ST PR				Saia	I redia	
Coluccis	Cono	MUN ST Conv. Stor			ne	Casi	hier	
Part 2. Income from	Self-Employn	nent	A Section appropria	e Potentije Peri Bellis V	signagana i	Harrist Nagari	3.7 3 4 14 4 14 4 A	
None. Check this	box if you did n	ot have	income from	n self-emplo	yment.			
Name of Your Business/Trade Name Address			ress		Principal	Type of Eco Activ	nomic or Business ity	
					***************************************			
-			***************************************	· · · · · · · · · · · · · · · · · · ·				
Name of Client or Custome instructions			Principal Type of Economic or Business Activity of Client					
AND TO THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER							114 81111	
- 1				·				
Part 3. Revenue of	Business Entit	ies			Mary Nation			
None. Check this	box if you and y	our imn	nediate fam	ily did not h	ave a ma	ijority shar	e in a bus	iness.
Name of Busin	1688		Add	ress		Principal	Type of Eco Activ	nomic or Business ity
				,				
Part 4. Income from	the Practice o	f Law	* : *					
None. Check this	oox if you did no	ot have i	ncome from	the practic	e of law.			
					rm's Major Areas of Practice		Position: Partner, Associate, Sole Practitioner	

Part 5. Income from Any Other Sou		or the foliable for the about the first of the second section of the first of the second second section of the		
None. Check this box if you did not	The first of the f			
Name of Source	Address	Type of Income		
Part 6-A. Compensation Income of	Immodiato Camily Mambars			
None. Check this box if no membe employment or compensation.	rs or your immediate family received in	ncome of \$2,000 or more from		
Name and Job Title (do not list name of dependent child)	Employer's Name and Address	Principal Type of Economic or Business Activity of Employer		
Part,6-B. Other Sources of Income	of Immediate Family Members			
None. Check this box if no member other source.		come of \$2,000 or more from any		
Name of Spouse or Partner (do not list name of dependent child)	Source of Income Name and Address	Type of Income		

Part 7. Loans		
☑ None. Check this box if you did not have rep  ☐ None. Check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check this box if you did not have rep  ☐ None. The check th	oortable liabilities.	
Lender's Name	Lender's Address	Principal Type of Economic or Business Activity of Lender
		TANA AT THE RESERVE OF THE PARTY OF THE PART
Part 8. Gifts, Including Travel and Accommo	odations	
$\hfill\square$ None. Check this box if you did not received	any gifts.	
Source of Gift	Sc	ource of Gift
1. Promossive States Netwo	eK 2.	
3. JANE	1 Azum Atlachions	
Part 9. Honoraria		
None. Check this box if you did not received h	nonoraria.	
Source of Honoraria	Source	e of Honoraria
1.	2.	
3.	4.	
Part 10. Positions in Political Action or Ballot	Question Committees	
None. Check this box if you were not a treasu	rer, officer, decision-maker, or fund	draiser of a PAC or BQC.
Name of Committee		Title
1.		
2.		

Part 11. Conducting Business wit	th State Agencies				
None. Check this box if neither yo	u nor your immedia	ate family did busine:	ss with any State a	gency.	
Name of Agency Selling Goods or Services			Description of Good or Services		
		A STATE OF THE STA			
		*********			
Part 12. Representing Others Bef	<del></del>				
None. Check this box if neither yo	ou nor your immedi				
Name of Agency		Name of Ind	ividual Receiving C	compensation	
				***	
Part 13. Positions in For-Profit an	d Non-Profit Orga	nizations			
☑ None. Check this box if you and me profit organizations.			hold positions in ar	ny for-profit or non-	
Organization/Business and Address	Title	Name of Position Holder	Relationship to Legislator	Compensated Yes/No	
			□ Self		
			□ Spouse □ Dependent		
			□ Self		
			□ Spouse □ Dependent		
			□ Self	<del></del>	
			□ Spouse □ Dependent		
	SIGN	ATURE		· · · · · · · · · · · · · · · · · · ·	
I CERTIFY THAT I HAVE EXAMINED CORRECT, AND COMPLETE.			F MY KNOWELDO	BE IT IS TRUE,	
Dano Kumo O	0		1/15/	13	
Signature	<u> </u>			ate	
THE INTENTIONAL FILING	G OF A FALSE STATEME	ENT IS A CLASS E CRIME (	1 M.R.S.A. § 1016-G(3)(B	3))	